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| BL (Official For  | United States Bankruptcy Court Northern District of Illinois     |   |                                |   |  |  | Voluntary                            | Petition  |  |  |  |   |
|---|--|---|--------------------------------|---|--|--|--------------------------------------|---|--|--|--|---|
| Name of Debto<br>Lewis-Pear   |  |   | er Last, Firs                  | st, Middle):                                    |  |  | Name                                 | of Joint Do   | ebtor (Spouse  | e) (Last, First  | , Middle):   |   |
| All Other Name<br>(include married<br>FKA Renee   | l, maider  | n, and trade  |                                | t 8 years                                       |  |  |                                      |   | used by the J<br>maiden, and   |  | in the last 8 years ):   |   |
| Last four digits (if more than one,   | state all)   | Sec. or Indi  | vidual-Tax                     | payer I.D. (                                    | (ITIN) No./  | Complete E   |                                      | our digits o  |  | Individual-  | Taxpayer I.D. (ITIN) No  | o./Complete EIN                         |
| Street Address of Debtor (No. and Street, City, and State):  18041 Kedzie Avenue Homewood, IL  ZIP Code |  |   |                                |   | Address of   | f Joint Debtor   | (No. and St                          | reet, City, and State):   | ZIP Code   |  |  |   |
| County of Posic   | lanaa ar   | of the Drine  | oinal Dlaga                    | of Dusings                                      |  | 60430  |                                      | v of Docide   | and or of the  | Dringing DI  | ace of Business:   |   |
| Cook  | County of Residence or of the Principal Place of Business:  Cook |   |                                |   | Count  | y of Keside  | ence of of the                       | rinicipai ri  | ace of Busiliess.  |  |  |   |
| Mailing Address P.O. Box 72 Elgin, IL   |  | tor (if diffe   | rent from s                    | treet addres                                    | ss):   |  | Mailii                               | ng Address  | of Joint Debt  | or (if differe   | ent from street address):  |   |
|   |  |   |                                |   | Г  | ZIP Code<br><b>60121</b>                                     |                                      |   |  |  |  | ZIP Code                                |
| Location of Prin<br>(if different fron  |  |   |                                | or  |  | 00121  | <u> </u>                             |   |  |  |  |   |
|   | (Check of includes of D on page (include                         | rganization) one box)  Joint Debto ge 2 of this s LLC and | form.<br>LLP)                  | Sing in 1 Rail                                  | (Check lith Care Bu gle Asset Ro 1 U.S.C. § Iroad ckbroker nmodity Br aring Bank | eal Estate as<br>101 (51B)                                   |                                      | ☐ Chapt☐ | the I<br>ter 7<br>ter 9<br>ter 11<br>ter 12  | Petition is Fi   | ptcy Code Under Whice iled (Check one box)  hapter 15 Petition for R f a Foreign Main Proceed hapter 15 Petition for R f a Foreign Nonmain Proceed in the Pr | ecognition<br>eding<br>ecognition       |
| check this box  | x and state  | e type of enti  | ty below.)                     | ☐ Deb   | Tax-Exe<br>(Check box<br>otor is a tax-<br>er Title 26                           | empt Entity<br>x, if applicabl<br>exempt org<br>of the Unite | e)<br>anization<br>d States          | defined<br>"incuri  | are primarily co<br>d in 11 U.S.C. §<br>red by an indivi<br>onal, family, or   | (Check<br>consumer debts,<br>§ 101(8) as<br>idual primarily<br>household pur           | busing<br>for<br>rpose."   | are primarily<br>ess debts.             |
| Full Filing F  Filing Fee to attach signed is unable to Filing Fee w attach signed                      | be paid<br>d applica<br>pay fee o                                | ned in installmation for the except in in                 | e court's constallments.       | cable to inconsideration Rule 1006 chapter 7 in | certifying t<br>(b). See Offi<br>ndividuals                                      | that the debt<br>icial Form 3A<br>only). Must                | tor Check                            | Debtor is if: Debtor's to insider all applica A plan is Acceptane   | a small busin<br>not a small be<br>aggregate nor<br>s or affiliates)<br>able boxes:<br>being filed w<br>ces of the pla | usiness debto<br>necontingent I<br>o are less than<br>ith this petiti<br>n were solici | s defined in 11 U.S.C. § or as defined in 11 U.S. liquidated debts (exclud n \$2,190,000.  | C. § 101(51D). ing debts owed e or more |
| Statistical/Adm  ■ Debtor estimenthere will be  | nates that<br>nates that   | t funds will<br>t, after any                              | be availab                     | le for distri<br>perty is ex                    | bution to uselluded and  | administrat  | editors.                             |   | 29023 ***  | THIS   | S SPACE IS FOR COURT   | USE ONLY                                |
| Estimated Numb  | 0-   | reditors  100- 199  | 200-<br>999                    | 1,000-<br>5,000                                 | 5,001-<br>10,000   | 10,001-<br>25,000  | 25,001-<br>50,000                    | 50,001-<br>100,000  | OVER 100,000   |  |  |   |
| \$50,000 \$1  | 50,001 to<br>100,000   | \$100,001 to<br>\$500,000                                 | \$500,001<br>to \$1<br>million | \$1,000,001<br>to \$10<br>million               | \$10,000,001<br>to \$50<br>million   | \$50,000,001<br>to \$100<br>million                          | \$100,000,001<br>to \$500<br>million | \$500,000,001<br>to \$1 billion   |  |  |  |   |
|   | lities<br>50,001 to<br>100,000                                   | \$100,001 to<br>\$500,000                                 | \$500,001<br>to \$1<br>million | \$1,000,001<br>to \$10<br>million               | \$10,000,001<br>to \$50<br>million   | \$50,000,001<br>to \$100<br>million                          | \$100,000,001<br>to \$500<br>million | \$500,000,001<br>to \$1 billion   |  |  |  |   |

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Page 2 Name of Debtor(s): Voluntary Petition Lewis-Pearson, Renee (This page must be completed and filed in every case) All Prior Bankruptcy Cases Filed Within Last 8 Years (If more than two, attach additional sheet) Location Case Number: Date Filed: Where Filed: - None -Location Case Number: Date Filed: Where Filed: Pending Bankruptcy Case Filed by any Spouse, Partner, or Affiliate of this Debtor (If more than one, attach additional sheet) Name of Debtor: Case Number: Date Filed: - None -District: Relationship: Judge: Exhibit B Exhibit A (To be completed if debtor is an individual whose debts are primarily consumer debts.) (To be completed if debtor is required to file periodic reports (e.g., I, the attorney for the petitioner named in the foregoing petition, declare that I forms 10K and 10Q) with the Securities and Exchange Commission have informed the petitioner that [he or she] may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available pursuant to Section 13 or 15(d) of the Securities Exchange Act of 1934 under each such chapter. I further certify that I delivered to the debtor the notice and is requesting relief under chapter 11.) required by 11 U.S.C. §342(b). ☐ Exhibit A is attached and made a part of this petition. X /s/ Lorraine M. Greenberg ARDCSNeptember 14, 2009 Signature of Attorney for Debtor(s) (Date) Lorraine M. Greenberg ARDC No.: 3129023 Exhibit C Does the debtor own or have possession of any property that poses or is alleged to pose a threat of imminent and identifiable harm to public health or safety? Yes, and Exhibit C is attached and made a part of this petition. No. Exhibit D (To be completed by every individual debtor. If a joint petition is filed, each spouse must complete and attach a separate Exhibit D.) Exhibit D completed and signed by the debtor is attached and made a part of this petition. If this is a joint petition: ☐ Exhibit D also completed and signed by the joint debtor is attached and made a part of this petition. Information Regarding the Debtor - Venue (Check any applicable box) Debtor has been domiciled or has had a residence, principal place of business, or principal assets in this District for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other District. There is a bankruptcy case concerning debtor's affiliate, general partner, or partnership pending in this District. П Debtor is a debtor in a foreign proceeding and has its principal place of business or principal assets in the United States in this District, or has no principal place of business or assets in the United States but is a defendant in an action or proceeding [in a federal or state court] in this District, or the interests of the parties will be served in regard to the relief sought in this District. Certification by a Debtor Who Resides as a Tenant of Residential Property (Check all applicable boxes) Landlord has a judgment against the debtor for possession of debtor's residence. (If box checked, complete the following.) (Name of landlord that obtained judgment) (Address of landlord) Debtor claims that under applicable nonbankruptcy law, there are circumstances under which the debtor would be permitted to cure the entire monetary default that gave rise to the judgment for possession, after the judgment for possession was entered, and Debtor has included in this petition the deposit with the court of any rent that would become due during the 30-day period after the filing of the petition. Debtor certifies that he/she has served the Landlord with this certification. (11 U.S.C. § 362(1)).

Signatures

## B1 (Official Form 1)(1/08) Voluntary Petition

(This page must be completed and filed in every case)

## Lewis-Pearson, Renee

### Signature(s) of Debtor(s) (Individual/Joint)

I declare under penalty of perjury that the information provided in this petition is true and correct.

[If petitioner is an individual whose debts are primarily consumer debts and has chosen to file under chapter 7] I am aware that I may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, understand the relief available under each such chapter, and choose to proceed under chapter 7. [If no attorney represents me and no bankruptcy petition preparer signs the petition] I have obtained and read the notice required by 11 U.S.C. §342(b).

I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.

#### **▼** /s/ Renee Lewis-Pearson

Signature of Debtor Renee Lewis-Pearson

X

Signature of Joint Debtor

Telephone Number (If not represented by attorney)

**September 14, 2009** 

Date

#### Signature of Attorney\*

### X /s/ Lorraine M. Greenberg ARDC No.:

Signature of Attorney for Debtor(s)

#### Lorraine M. Greenberg ARDC No.: 3129023

Printed Name of Attorney for Debtor(s)

#### Lorraine M. Greenberg

Firm Name

20 E. Jackson Blvd. Suite 800 Chicago, IL 60604

Address

## Email: lgreenberg@greenberglaw.net

312-408-0007 Fax: 312-264-5620

Telephone Number

#### **September 14, 2009**

Date

\*In a case in which § 707(b)(4)(D) applies, this signature also constitutes a certification that the attorney has no knowledge after an inquiry that the information in the schedules is incorrect.

#### Signature of Debtor (Corporation/Partnership)

I declare under penalty of perjury that the information provided in this petition is true and correct, and that I have been authorized to file this petition on behalf of the debtor.

The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.

X

Signature of Authorized Individual

Printed Name of Authorized Individual

Title of Authorized Individual

Date

Signature of a Foreign Representative

Page 3

I declare under penalty of perjury that the information provided in this petition is true and correct, that I am the foreign representative of a debtor in a foreign proceeding, and that I am authorized to file this petition.

(Check only one box.)

Name of Debtor(s):

- ☐ I request relief in accordance with chapter 15 of title 11. United States Code. Certified copies of the documents required by 11 U.S.C. §1515 are attached.
- ☐ Pursuant to 11 U.S.C. §1511, I request relief in accordance with the chapter of title 11 specified in this petition. A certified copy of the order granting recognition of the foreign main proceeding is attached.

X

Signature of Foreign Representative

Printed Name of Foreign Representative

Date

### Signature of Non-Attorney Bankruptcy Petition Preparer

I declare under penalty of perjury that: (1) I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110; (2) I prepared this document for compensation and have provided the debtor with a copy of this document and the notices and information required under 11 U.S.C. §§ 110(b), 110(h), and 342(b); and, (3) if rules or guidelines have been promulgated pursuant to 11 U.S.C. § 110(h) setting a maximum fee for services chargeable by bankruptcy petition preparers, I have given the debtor notice of the maximum amount before preparing any document for filing for a debtor or accepting any fee from the debtor, as required in that section. Official Form 19 is attached.

Printed Name and title, if any, of Bankruptcy Petition Preparer

Social-Security number (If the bankrutpcy petition preparer is not an individual, state the Social Security number of the officer, principal, responsible person or partner of the bankruptcy petition preparer.)(Required by 11 U.S.C. § 110.)

 $\mathbf{X}$ 

Date

Address

Signature of Bankruptcy Petition Preparer or officer, principal, responsible person, or partner whose Social Security number is provided above.

Names and Social-Security numbers of all other individuals who prepared or assisted in preparing this document unless the bankruptcy petition preparer is not an individual:

If more than one person prepared this document, attach additional sheets conforming to the appropriate official form for each person.

A bankruptcy petition preparer's failure to comply with the provisions of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both 11 U.S.C. §110; 18 U.S.C. §156.

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B 1D(Official Form 1, Exhibit D) (12/08)

## **United States Bankruptcy Court Northern District of Illinois**

|       |                     | - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 |          |    |
|-------|---------------------|---|----------|----|
| In re | Renee Lewis-Pearson |   | Case No. |    |
|       |                     | Debtor(s)                               | Chapter  | 13 |

# EXHIBIT D - INDIVIDUAL DEBTOR'S STATEMENT OF COMPLIANCE WITH CREDIT COUNSELING REQUIREMENT

Warning: You must be able to check truthfully one of the five statements regarding credit counseling listed below. If you cannot do so, you are not eligible to file a bankruptcy case, and the court can dismiss any case you do file. If that happens, you will lose whatever filing fee you paid, and your creditors will be able to resume collection activities against you. If your case is dismissed and you file another bankruptcy case later, you may be required to pay a second filing fee and you may have to take extra steps to stop creditors' collection activities.

Every individual debtor must file this Exhibit D. If a joint petition is filed, each spouse must complete and file a separate Exhibit D. Check one of the five statements below and attach any documents as directed.

- 1. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, and I have a certificate from the agency describing the services provided to me. *Attach a copy of the certificate and a copy of any debt repayment plan developed through the agency*.
- □ 2. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, but I do not have a certificate from the agency describing the services provided to me. *You must file a copy of a certificate from the agency describing the services provided to you and a copy of any debt repayment plan developed through the agency no later than 15 days after your bankruptcy case is filed.*
- □ 3. I certify that I requested credit counseling services from an approved agency but was unable to obtain the services during the five days from the time I made my request, and the following exigent circumstances merit a temporary waiver of the credit counseling requirement so I can file my bankruptcy case now. [Summarize exigent circumstances here.] \_\_\_\_

If your certification is satisfactory to the court, you must still obtain the credit counseling briefing within the first 30 days after you file your bankruptcy petition and promptly file a certificate from the agency that provided the counseling, together with a copy of any debt management plan developed through the agency. Failure to fulfill these requirements may result in dismissal of your case. Any extension of the 30-day deadline can be granted only for cause and is limited to a maximum of 15 days. Your case may also be dismissed if the court is not satisfied with your reasons for filing your bankruptcy case without first receiving a credit counseling briefing.

☐ 4. I am not required to receive a credit counseling briefing because of: [Check the applicable statement.] [Must be accompanied by a motion for determination by the court.]

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| B 1D(Official Form 1, Exhibit D) (12/08) - Cont.  |
|---|
| ☐ Incapacity. (Defined in 11 U.S.C. § 109(h)(4) as impaired by reason of mental illness or mental deficiency so as to be incapable of realizing and making rational decisions with respect to financial responsibilities.);       |
| ☐ Disability. (Defined in 11 U.S.C. § 109(h)(4) as physically impaired to the extent of being unable, after reasonable effort, to participate in a credit counseling briefing in person, by telephone, or through the Internet.); |
| ☐ Active military duty in a military combat zone.   |
| ☐ 5. The United States trustee or bankruptcy administrator has determined that the credit counseling requirement of 11 U.S.C. § 109(h) does not apply in this district.   |
| I certify under penalty of perjury that the information provided above is true and correct.   |
| Signature of Debtor: /s/ Renee Lewis-Pearson Renee Lewis-Pearson  |
| Date: September 14, 2009  |

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B6 Summary (Official Form 6 - Summary) (12/07)

# **United States Bankruptcy Court Northern District of Illinois**

| In re | Renee Lewis-Pearson |        | Case No |    |  |
|-------|---------------------|--------|---------|----|--|
|       |                     | Debtor | ,       |    |  |
|       |                     |        | Chapter | 13 |  |
|       |                     |        | •       |    |  |

### **SUMMARY OF SCHEDULES**

Indicate as to each schedule whether that schedule is attached and state the number of pages in each. Report the totals from Schedules A, B, D, E, F, I, and J in the boxes provided. Add the amounts from Schedules A and B to determine the total amount of the debtor's assets. Add the amounts of all claims from Schedules D, E, and F to determine the total amount of the debtor's liabilities. Individual debtors must also complete the "Statistical Summary of Certain Liabilities and Related Data" if they file a case under chapter 7, 11, or 13.

| NAME OF SCHEDULE   | ATTACHED<br>(YES/NO) | NO. OF<br>SHEETS | ASSETS            | LIABILITIES | OTHER    |
|--|----------------------|------------------|-------------------|-------------|----------|
| A - Real Property  | Yes                  | 1                | 0.00              |             |          |
| B - Personal Property  | Yes                  | 3                | 6,220.00          |             |          |
| C - Property Claimed as Exempt   | Yes                  | 1                |                   |             |          |
| D - Creditors Holding Secured Claims   | Yes                  | 1                |                   | 0.00        |          |
| E - Creditors Holding Unsecured<br>Priority Claims (Total of Claims on Schedule E) | Yes                  | 1                |                   | 0.00        |          |
| F - Creditors Holding Unsecured<br>Nonpriority Claims                              | Yes                  | 19               |                   | 78,544.79   |          |
| G - Executory Contracts and<br>Unexpired Leases                                    | Yes                  | 1                |                   |             |          |
| H - Codebtors  | Yes                  | 1                |                   |             |          |
| I - Current Income of Individual<br>Debtor(s)                                      | Yes                  | 2                |                   |             | 2,857.56 |
| J - Current Expenditures of Individual<br>Debtor(s)                                | Yes                  | 1                |                   |             | 2,641.00 |
| Total Number of Sheets of ALL Schedu   | ıles                 | 31               |                   |             |          |
|  | To                   | otal Assets      | 6,220.00          |             |          |
|  |                      |                  | Total Liabilities | 78,544.79   |          |

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Form 6 - Statistical Summary (12/07)

# **United States Bankruptcy Court Northern District of Illinois**

| In re | Renee Lewis-Pearson |        | Case No |    |   |
|-------|---------------------|--------|---------|----|---|
| _     |                     | Debtor |         |    |   |
|       |                     |        | Chapter | 13 | _ |

## STATISTICAL SUMMARY OF CERTAIN LIABILITIES AND RELATED DATA (28 U.S.C. § 159)

If you are an individual debtor whose debts are primarily consumer debts, as defined in § 101(8) of the Bankruptcy Code (11 U.S.C.§ 101(8)), filing a case under chapter 7, 11 or 13, you must report all information requested below.

☐ Check this box if you are an individual debtor whose debts are NOT primarily consumer debts. You are not required to report any information here.

This information is for statistical purposes only under 28 U.S.C. § 159. Summarize the following types of liabilities, as reported in the Schedules, and total them.

| Type of Liability   | Amount |
|---|--------|
| Domestic Support Obligations (from Schedule E)  | 0.00   |
| Taxes and Certain Other Debts Owed to Governmental Units (from Schedule E)  | 0.00   |
| Claims for Death or Personal Injury While Debtor Was Intoxicated (from Schedule E) (whether disputed or undisputed) | 0.00   |
| Student Loan Obligations (from Schedule F)  | 0.00   |
| Domestic Support, Separation Agreement, and Divorce Decree<br>Obligations Not Reported on Schedule E                | 0.00   |
| Obligations to Pension or Profit-Sharing, and Other Similar Obligations (from Schedule F)                           | 0.00   |
| TOTAL   | 0.00   |

### State the following:

| Average Income (from Schedule I, Line 16)  | 2,857.56 |
|--|----------|
| Average Expenses (from Schedule J, Line 18)  | 2,641.00 |
| Current Monthly Income (from Form 22A Line 12; OR, Form 22B Line 11; OR, Form 22C Line 20) | 2,509.69 |

#### State the following:

| 1. Total from Schedule D, "UNSECURED PORTION, IF ANY"                      |      | 0.00      |
|--|------|-----------|
| column   |      | 0.00      |
| 2. Total from Schedule E, "AMOUNT ENTITLED TO PRIORITY" column             | 0.00 |           |
| 3. Total from Schedule E, "AMOUNT NOT ENTITLED TO PRIORITY, IF ANY" column |      | 0.00      |
| 4. Total from Schedule F   |      | 78,544.79 |
| 5. Total of non-priority unsecured debt (sum of 1, 3, and 4)               |      | 78,544.79 |

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B6A (Official Form 6A) (12/07)

| In re | Renee Lewis-Pearson |        | Case No. |  |
|-------|---------------------|--------|----------|--|
|       |                     | Debtor | ,        |  |

### **SCHEDULE A - REAL PROPERTY**

Except as directed below, list all real property in which the debtor has any legal, equitable, or future interest, including all property owned as a cotenant, community property, or in which the debtor has a life estate. Include any property in which the debtor holds rights and powers exercisable for the debtor's own benefit. If the debtor is married, state whether husband, wife, both, or the marital community own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor holds no interest in real property, write "None" under "Description and Location of Property."

Do not include interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.

If an entity claims to have a lien or hold a secured interest in any property, state the amount of the secured claim. See Schedule D. If no entity claims to hold a secured interest in the property, write "None" in the column labeled "Amount of Secured Claim." If the debtor is an individual or if a joint petition is filed, state the amount of any exemption claimed in the property only in Schedule C - Property Claimed as Exempt.

Description and Location of Property

Nature of Debtor's Interest in Property

Nature of Debtor's Interest in Property

Nature of Debtor's Interest in Property Secured Claim or Exemption

Current Value of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption

None

Sub-Total > **0.00** (Total of this page)

Total > **0.00** 

(Report also on Summary of Schedules)

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B6B (Official Form 6B) (12/07)

| In re | Renee Lewis-Pearson | Case No. |  |
|-------|---------------------|----------|--|
| -     |                     | Debtor   |  |

### SCHEDULE B - PERSONAL PROPERTY

Except as directed below, list all personal property of the debtor of whatever kind. If the debtor has no property in one or more of the categories, place an "x" in the appropriate position in the column labeled "None." If additional space is needed in any category, attach a separate sheet properly identified with the case name, case number, and the number of the category. If the debtor is married, state whether husband, wife, both, or the marital community own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor is an individual or a joint petition is filed, state the amount of any exemptions claimed only in Schedule C - Property Claimed as Exempt.

Do not list interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.

If the property is being held for the debtor by someone else, state that person's name and address under "Description and Location of Property." If the property is being held for a minor child, simply state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

| Type of Property  | N O Description and Location of Property E  | Husband,<br>Wife,<br>Joint, or<br>Community  | Current Value of<br>Debtor's Interest in Property<br>without Deducting any<br>Secured Claim or Exemption  |
|---|---|--|---|
| Cash on hand  | cash on hand  | -  | 20.00   |
| Checking, savings or other financial accounts, certificates of deposit, or shares in banks, savings and loan, thrift, building and loan, and homestead associations, or credit unions, brokerage houses, or cooperatives. | savings account at Kane County Teachers Credit<br>Union   | -  | 400.00  |
| Security deposits with public utilities, telephone companies, landlords, and others.  | x   |  |   |
| Household goods and furnishings, including audio, video, and computer equipment.  | household goods and furnishings; linens, dishes, pots & pans, housewares; tv; tv; bedroom set, beds, tables, chairs, dvd player   | -  | 2,000.00  |
| Books, pictures and other art<br>objects, antiques, stamp, coin,<br>record, tape, compact disc, and<br>other collections or collectibles.   | dvds, books   | -  | 200.00  |
| Wearing apparel.  | necessary personal clothing; bible; textbooks; pictures; beaver coat,   | -  | 500.00  |
| Furs and jewelry.   | x   |  |   |
| Firearms and sports, photographic, and other hobby equipment.   | camera equipment  | -  | 100.00  |
| Interests in insurance policies.<br>Name insurance company of each<br>policy and itemize surrender or<br>refund value of each.  | term life insurance policy  | -  | 0.00  |
| . Annuities. Itemize and name each issuer.  | x   |  |   |
|   |   | Sub-Tota   | al > <b>3,220.00</b>  |
|   | Cash on hand  Checking, savings or other financial accounts, certificates of deposit, or shares in banks, savings and loan, thrift, building and loan, and homestead associations, or credit unions, brokerage houses, or cooperatives.  Security deposits with public utilities, telephone companies, landlords, and others.  Household goods and furnishings, including audio, video, and computer equipment.  Books, pictures and other art objects, antiques, stamp, coin, record, tape, compact disc, and other collections or collectibles.  Wearing apparel.  Furs and jewelry.  Firearms and sports, photographic, and other hobby equipment.  Interests in insurance policies.  Name insurance company of each policy and itemize surrender or refund value of each.  Annuities. Itemize and name each | Cash on hand Checking, savings or other financial accounts, certificates of deposit, or shares in banks, savings and loan, thrift, building and loan, and homestead associations, or credit unions, brokerage houses, or cooperatives.  Security deposits with public utilities, telephone companies, landlords, and others. Household goods and furnishings, including audio, video, and computer equipment.  Books, pictures and other art objects, antiques, stamp, coin, record, tape, compact disc, and other collections or collectibles.  Wearing apparel.  Furs and jewelry.  Furs and jewelry.  Firearms and sports, photographic, and other hobby equipment.  Interests in insurance policies. Name insurance company of each policy and itemize surrender or refund value of each.  Annuities. Itemize and name each  Cash on hand  savings account at Kane County Teachers Credit Union  Annuities is certificates of deposit, or savings account at Kane County Teachers Credit Union  A county Teachers Credit Union  Savings account at Kane County Teachers Credit Union  A county Teachers Credit Union  Savings account at Kane County Teachers Credit Union  A county Teachers Credit Union  Savings account at Kane County Teachers Credit Union  A county Teachers Credit Union  Savings account at Kane County Teachers Credit Union | Type of Property  Cash on hand  Cash on hand  Checking, savings or other financial accounts, certificates of deposit, or shares in banks, savings and loan, thrift, building and loan, and homestead associations, or credit unions, brokerage houses, or cooperatives.  Security deposits with public utilities, telephone companies, landlords, and others.  Household goods and furnishings, including audio, video, and computer equipment.  Books, pictures and other art objects, antiques, stamp, coin, record, tape, compact dise, and other collections or collectibles.  Wearing apparel.  Purs and jewelry.  X  Firearms and sports, photographic, and other hobby equipment.  Interests in insurance policies.  Name insurance company of each policy and insurance policies.  Annuities. Itemize and name each issuer.  X  Last Cash on hand  Cash on hand  Savings account at Kane County Teachers Credit Union  **Aunion**  **Aunion** |

**2** continuation sheets attached to the Schedule of Personal Property

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 $B6B\ (Official\ Form\ 6B)\ (12/07)$  - Cont.

| In re | Renee Lewis-Pearson | Case No |
|-------|---------------------|---------|
|       |                     |         |

Debtor

## SCHEDULE B - PERSONAL PROPERTY (Continuation Sheet)

|     |   |                  | (Continuation Sheet)                 |   |   |
|-----|---|------------------|--------------------------------------|---|---|
|     | Type of Property  | N<br>O<br>N<br>E | Description and Location of Property | Husband,<br>Wife,<br>Joint, or<br>Community | Current Value of<br>Debtor's Interest in Property,<br>without Deducting any<br>Secured Claim or Exemption |
| 11. | Interests in an education IRA as defined in 26 U.S.C. § 530(b)(1) or under a qualified State tuition plan as defined in 26 U.S.C. § 529(b)(1). Give particulars. (File separately the record(s) of any such interest(s). 11 U.S.C. § 521(c).) | х                |                                      |   |   |
| 12. | Interests in IRA, ERISA, Keogh, or  |                  | thrift savings                       | -   | 1,000.00  |
|     | other pension or profit sharing plans. Give particulars.  |                  | US Postal Service Pension Plan       | -   | 0.0   |
| 13. | Stock and interests in incorporated and unincorporated businesses. Itemize.   | X                |                                      |   |   |
| 14. | Interests in partnerships or joint ventures. Itemize.   | X                |                                      |   |   |
| 15. | Government and corporate bonds and other negotiable and nonnegotiable instruments.  | X                |                                      |   |   |
| 16. | Accounts receivable.  | X                |                                      |   |   |
| 17. | Alimony, maintenance, support, and property settlements to which the debtor is or may be entitled. Give particulars.  | X                |                                      |   |   |
| 18. | Other liquidated debts owed to debtor including tax refunds. Give particulars.  | X                |                                      |   |   |
| 19. | Equitable or future interests, life estates, and rights or powers exercisable for the benefit of the debtor other than those listed in Schedule A - Real Property.  | X                |                                      |   |   |
| 20. | Contingent and noncontingent interests in estate of a decedent, death benefit plan, life insurance policy, or trust.  | X                |                                      |   |   |
| 21. | Other contingent and unliquidated claims of every nature, including tax refunds, counterclaims of the debtor, and rights to setoff claims. Give estimated value of each.  | X                |                                      |   |   |
|     |   |                  |                                      | Sub-Tota                                    | al > 1,000.00   |
|     |   |                  | (To                                  | tal of this page)                           | ,   |

Sheet <u>1</u> of <u>2</u> continuation sheets attached to the Schedule of Personal Property

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 $B6B\ (Official\ Form\ 6B)\ (12/07)$  - Cont.

| In re Renee Lewis-Pearson Case No |  |
|-----------------------------------|--|
|-----------------------------------|--|

Debtor

### **SCHEDULE B - PERSONAL PROPERTY**

(Continuation Sheet)

|     | Type of Property  | N<br>O<br>N<br>E | Description and Location of Property | Husband,<br>Wife,<br>Joint, or<br>Community | Current Value of<br>Debtor's Interest in Property,<br>without Deducting any<br>Secured Claim or Exemption |
|-----|---|------------------|--------------------------------------|---|---|
| 22. | Patents, copyrights, and other intellectual property. Give particulars.   | Х                |                                      |   |   |
| 23. | Licenses, franchises, and other general intangibles. Give particulars.  | X                |                                      |   |   |
| 24. | Customer lists or other compilations containing personally identifiable information (as defined in 11 U.S.C. § 101(41A)) provided to the debtor by individuals in connection with obtaining a product or service from the debtor primarily for personal, family, or household purposes. | x                |                                      |   |   |
| 25. | Automobiles, trucks, trailers, and other vehicles and accessories.  | 19               | 999 Mercury Mystique                 | -   | 2,000.00  |
| 26. | Boats, motors, and accessories.   | X                |                                      |   |   |
| 27. | Aircraft and accessories.   | X                |                                      |   |   |
| 28. | Office equipment, furnishings, and supplies.  | X                |                                      |   |   |
| 29. | Machinery, fixtures, equipment, and supplies used in business.  | X                |                                      |   |   |
| 30. | Inventory.  | X                |                                      |   |   |
| 31. | Animals.  | X                |                                      |   |   |
| 32. | Crops - growing or harvested. Give particulars.   | X                |                                      |   |   |
| 33. | Farming equipment and implements.   | X                |                                      |   |   |
| 34. | Farm supplies, chemicals, and feed.   | X                |                                      |   |   |
| 35. | Other personal property of any kind not already listed. Itemize.  | X                |                                      |   |   |

Sub-Total > (Total of this page)

2,000.00

Total >

6,220.00

Sheet **2** of **2** continuation sheets attached to the Schedule of Personal Property

(Report also on Summary of Schedules)

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B6C (Official Form 6C) (12/07)

(Check one box)

Debtor claims the exemptions to which debtor is entitled under:

| In re | Renee Lewis-Pearson |      | Case No.   |  |
|-------|---------------------|------|------------|--|
|       |                     | 70.1 | <b>—</b> / |  |

Debtor

\$136,875.

☐ Check if debtor claims a homestead exemption that exceeds

### SCHEDULE C - PROPERTY CLAIMED AS EXEMPT

| ☐ 11 U.S.C. §522(b)(2)<br>■ 11 U.S.C. §522(b)(3)   |   |                                  |   |
|--|---|----------------------------------|---|
| Description of Property  | Specify Law Providing<br>Each Exemption | Value of<br>Claimed<br>Exemption | Current Value of<br>Property Without<br>Deducting Exemption |
| Cash on Hand<br>cash on hand   | 735 ILCS 5/12-1001(b)                   | 20.00                            | 20.00   |
| Checking, Savings, or Other Financial Accounts savings account at Kane County Teachers Credit Union  | 735 ILCS 5/12-1001(b)                   | 400.00                           | 400.00  |
| Household Goods and Furnishings<br>household goods and furnishings; linens,<br>dishes, pots & pans, housewares; tv; tv;<br>bedroom set, beds, tables, chairs, dvd player | 735 ILCS 5/12-1001(b)                   | 2,000.00                         | 2,000.00  |

| cash on hand   | 735 ILCS 5/12-1001(b)                           | 20.00    | 20.00    |
|--|---|----------|----------|
| Checking, Savings, or Other Financial Accounts, Consavings account at Kane County Teachers Credit Union  | ertificates of Deposit<br>735 ILCS 5/12-1001(b) | 400.00   | 400.00   |
| Household Goods and Furnishings<br>household goods and furnishings; linens,<br>dishes, pots & pans, housewares; tv; tv;<br>bedroom set, beds, tables, chairs, dvd player | 735 ILCS 5/12-1001(b)                           | 2,000.00 | 2,000.00 |
| Books, Pictures and Other Art Objects; Collectibles dvds, books  | 735 ILCS 5/12-1001(b)                           | 200.00   | 200.00   |
| Wearing Apparel necessary personal clothing; bible; textbooks; pictures; beaver coat,  | 735 ILCS 5/12-1001(a)                           | 500.00   | 500.00   |
| Firearms and Sports, Photographic and Other Hobl camera equipment  | oy Equipment<br>735 ILCS 5/12-1001(b)           | 100.00   | 100.00   |
| Interests in IRA, ERISA, Keogh, or Other Pension o thrift savings  | r Profit Sharing Plans<br>735 ILCS 5/12-1006    | 100%     | 1,000.00 |
| US Postal Service Pension Plan   | 735 ILCS 5/12-1006                              | 100%     | 0.0      |
| Automobiles, Trucks, Trailers, and Other Vehicles 1999 Mercury Mystique  | 735 ILCS 5/12-1001(c)                           | 2,400.00 | 2,000.00 |

Total: 6,620.00 6,220.00 Case 09-34223 Doc 1 Filed 09/15/09 Entered 09/15/09 21:39:55 Desc Main Page 13 of 60 Document

B6D (Official Form 6D) (12/07)

| In re | Renee Lewis-Pearson | Case No      |  |
|-------|---------------------|--------------|--|
|       |                     | <del>,</del> |  |
|       |                     | Debtor       |  |

### SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number of all entities holding claims secured by property of the debtor as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. List creditors holding all types of secured interests such as judgment liens, garnishments, statutory liens, mortgages, deeds of trust, and other security interests.

other security interests.

List creditors in alphabetical order to the extent practicable. If a minor child is a creditor, the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). If all secured creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor", include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H", "W", "J", or "C" in the column labeled "Husband, Wife, Joint, or Community".

If the claim is contingent, place an "X" in the column labeled "Contingent". If the claim is unliquidated, place an "X" in the column labeled "Unliquidated". If the claim is disputed, place an "X" in the column labeled "Unliquidated". (You may need to place an "X" in more than one of these three columns.)

Total the columns labeled "Amount of Claim Without Deducting Value of Collateral" and "Unsecured Portion, if Any" in the boxes labeled "Total(s)" on the last sheet of the completed schedule. Report the total from the column labeled "Amount of Claim" also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report the total from the column labeled "Unsecured Portion" on the Statistical Summary of Certain Liabilities and Related Data.

Check this box if debtor has no creditors holding secured claims to report on this Schedule D.

Check this box if debtor has no creditors holding secured claims to report on this Schedule D.

|   | _                                   |             |   |            |             |                 |                                  |                    |
|---|-------------------------------------|-------------|---|------------|-------------|-----------------|----------------------------------|--------------------|
| CREDITOR'S NAME<br>AND MAILING ADDRESS<br>INCLUDING ZIP CODE,<br>AND ACCOUNT NUMBER |                                     | Hu<br>H     | usband, Wife, Joint, or Community  DATE CLAIM WAS INCURRED, |            |             | D<br>I<br>S     | AMOUNT OF<br>CLAIM               | UNSECURED          |
|   |                                     | C<br>A<br>M | NATURE OF LIEN, AND<br>DESCRIPTION AND VALUE                | COXT_ZGEZF | I<br>Q<br>U | D   S P U T E D | WITHOUT<br>DEDUCTING<br>VALUE OF | PORTION, IF<br>ANY |
| (See instructions above.)   | CODEBTOR                            |             | OF PROPERTY<br>SUBJECT TO LIEN                              | BEN        | D<br>A      | D               | COLLATERAL                       |                    |
| Account No.   |                                     |             |   | Т          | D A T E D   |                 |                                  |                    |
|   |                                     |             |   |            |             |                 |                                  |                    |
|   |                                     |             |   |            |             |                 |                                  |                    |
|   |                                     |             |   |            |             |                 |                                  |                    |
|   |                                     |             | Value \$  |            |             |                 |                                  |                    |
| Account No.   |                                     |             |   |            |             | П               |                                  |                    |
|   |                                     |             |   |            |             |                 |                                  |                    |
|   |                                     |             |   |            |             |                 |                                  |                    |
|   |                                     |             |   |            |             |                 |                                  |                    |
|   |                                     |             | Value \$  |            |             |                 |                                  |                    |
| Account No.   |                                     |             | value 5   |            |             | Н               |                                  |                    |
|   |                                     |             |   |            |             |                 |                                  |                    |
|   |                                     |             |   |            |             |                 |                                  |                    |
|   |                                     |             |   |            |             |                 |                                  |                    |
|   |                                     |             |   |            |             |                 |                                  |                    |
| A   |                                     |             | Value \$  |            |             | Н               |                                  |                    |
| Account No.   |                                     |             |   |            |             |                 |                                  |                    |
|   |                                     |             |   |            |             |                 |                                  |                    |
|   |                                     |             |   |            |             |                 |                                  |                    |
|   |                                     |             |   |            |             |                 |                                  |                    |
|   |                                     |             | Value \$  |            |             | Ц               |                                  |                    |
| <b>0</b> continuation sheets attached   | Subtot continuation sheets attached |             |   |            |             |                 |                                  |                    |
|   |                                     |             | (Total of th  | -          | _           | ŀ               |                                  |                    |
|   |                                     |             | (Report on Summary of Sci                                   |            | ota<br>ule  | - 1             | 0.00                             | 0.00               |
|   |                                     |             |   |            |             | · L             |                                  |                    |

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B6E (Official Form 6E) (12/07)

| In re | Renee Lewis-Pearson |          | Case No. |  |
|-------|---------------------|----------|----------|--|
| -     |                     | Debtor , |          |  |

### SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS

A complete list of claims entitled to priority, listed separately by type of priority, is to be set forth on the sheets provided. Only holders of unsecured claims entitled to priority should be listed in this schedule. In the boxes provided on the attached sheets, state the name, mailing address, including zip code, and last four digits of the account number, if any, of all entities holding priority claims against the debtor or the property of the debtor, as of the date of the filing of the petition. Use a separate continuation sheet for each type of priority and label each with the type of priority.

The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H-Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of claims listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all claims listed on this Schedule E in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules.

Report the total of amounts entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts entitled to priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report this total also on the Statistical Summary of Certain Liabilities and Related Data.

Report the total of amounts not entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts not entitled to priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report this total also on the Statistical Summary of Certain Liabilities and Related Data.

■ Check this box if debtor has no creditors holding unsecured priority claims to report on this Schedule E. TYPES OF PRIORITY CLAIMS (Check the appropriate box(es) below if claims in that category are listed on the attached sheets) ☐ Domestic support obligations Claims for domestic support that are owed to or recoverable by a spouse, former spouse, or child of the debtor, or the parent, legal guardian, or responsible relative of such a child, or a governmental unit to whom such a domestic support claim has been assigned to the extent provided in 11 U.S.C. § 507(a)(1). ☐ Extensions of credit in an involuntary case Claims arising in the ordinary course of the debtor's business or financial affairs after the commencement of the case but before the earlier of the appointment of a trustee or the order for relief. 11 U.S.C. § 507(a)(3). ☐ Wages, salaries, and commissions Wages, salaries, and commissions, including vacation, severance, and sick leave pay owing to employees and commissions owing to qualifying independent sales representatives up to \$10,950\* per person earned within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(4). ☐ Contributions to employee benefit plans Money owed to employee benefit plans for services rendered within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(5). ☐ Certain farmers and fishermen Claims of certain farmers and fishermen, up to \$5,400\* per farmer or fisherman, against the debtor, as provided in 11 U.S.C. § 507(a)(6). ☐ Deposits by individuals Claims of individuals up to \$2,425\* for deposits for the purchase, lease, or rental of property or services for personal, family, or household use, that were not delivered or provided. 11 U.S.C. § 507(a)(7). ☐ Taxes and certain other debts owed to governmental units Taxes, customs duties, and penalties owing to federal, state, and local governmental units as set forth in 11 U.S.C. § 507(a)(8). ☐ Commitments to maintain the capital of an insured depository institution Claims based on commitments to the FDIC, RTC, Director of the Office of Thrift Supervision, Comptroller of the Currency, or Board of Governors of the Federal Reserve System, or their predecessors or successors, to maintain the capital of an insured depository institution. 11 U.S.C. § 507 (a)(9). ☐ Claims for death or personal injury while debtor was intoxicated Claims for death or personal injury resulting from the operation of a motor vehicle or vessel while the debtor was intoxicated from using alcohol, a drug, or

another substance. 11 U.S.C. § 507(a)(10).

<sup>\*</sup> Amounts are subject to adjustment on April 1, 2010, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

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B6F (Official Form 6F) (12/07)

| In re | Renee Lewis-Pearson | Case No.       |  |
|-------|---------------------|----------------|--|
|       | Debtor              | <del>r</del> , |  |

### SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number, of all entities holding unsecured claims without priority against the debtor or the property of the debtor, as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). Do not include claims listed in Schedules D and E. If all creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of all claims listed on this schedule in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of

Report the total of all claims listed on this schedule in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report this total also on the Statistical Summary of Certain Liabilities and Related Data.

☐ Check this box if debtor has no creditors holding unsecured claims to report on this Schedule F.

| Check this box if debtor has no creditors holding unsecure  | ea c     | lain                   | ns to report on this Schedule F.                                      |           |                  |          |          |                 |
|---|----------|------------------------|---|-----------|------------------|----------|----------|-----------------|
| CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) | CODEBTOR | Hu<br>H<br>W<br>J<br>C | I DATE CLAIM WAS INCURRED AND   | COXT_XGEX | D                | DISPUTED | <u> </u> | AMOUNT OF CLAIM |
| Account No. <b>06 M1 100605</b>   |          |                        |   | Ť         | Ā<br>T<br>E<br>D |          |          |                 |
| AAA Checkmate<br>c/o Gary Smiley<br>4741 N. Western Avenue<br>Chicago, IL 60625                   |          | _                      |   |           |                  |          |          | 0.00            |
| Account No. 18392950  |          |                        | Opened 11/01/08   | П         |                  | Ī        |          |                 |
| Allied Credit/Alliance One<br>Attn: Bankruptcy<br>Po Box 2449<br>Gig Harbor, WA 98335             |          | _                      | CollectionAttorney Kane County  |           |                  |          |          | 374.00          |
| Account No.  Allied Credit/Alliance One   |          |                        | Allied Credit/Alliance One<br>6565 Kimball Dr<br>Gig Harbor, WA 98335 |           |                  |          |          |                 |
| Account No. 830987  American Collections 919 Estes Ct Schaumburg, IL 60193                        |          | _                      | Opened 1/01/08<br>CollectionAttorney Midwest Open Mri                 |           |                  |          |          |                 |
|   |          |                        |   |           |                  |          |          | 119.00          |
| 18 continuation sheets attached   |          |                        | (Total of t   | Subt      |                  |          | ,        | 493.00          |

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| In re | Renee Lewis-Pearson | Case No. |  |
|-------|---------------------|----------|--|
|       |                     | Debtor   |  |

| CREDITOR'S NAME,<br>MAILING ADDRESS<br>INCLUDING ZIP CODE,                                      | CODEBTOR    | H<br>H<br>W | DATE CLAIM WAS INCURRED AND  | C O N T I        | UNLLQU      | I<br>S<br>F | S  |                 |
|---|-------------|-------------|--|------------------|-------------|-------------|----|-----------------|
| AND ACCOUNT NUMBER (See instructions above.)  | T<br>O<br>R | C<br>J      |  | NGENT            | ÛLDATED     | E           | Εl | AMOUNT OF CLAIM |
| Account No.  American Collections   |             |             | Midwest Open MRI<br>c/o ACC International<br>919 Estes Court<br>Schaumburg, IL 60193 | T                | T<br>E<br>D |             |    |                 |
| Account No. LEWEW000  American MRI Inc. PO Box 7389 Prospect Heights, IL 60070-7389             |             | _           | 7/15/08  |                  |             |             |    | 78.70           |
| Account No.  Brother Loan and Finance Corporatio 7621 W. 63rd Street Summit Argo, IL 60501      |             | _           |  |                  |             |             |    |                 |
|   |             |             |  |                  |             |             |    | 1,900.00        |
| Account No. 528500189489  Chase 201 N. Central Ave Floor 11 Phoenix, AZ 85004                   |             | _           | Opened 8/01/06 Last Active 4/17/09<br>2004 Mitsubishi Outlander                      |                  |             |             |    |                 |
|   |             |             |  |                  | L           |             |    | 9,729.00        |
| Account No.  Chase  |             |             | Chase<br>201 N Walnut St # De1-10<br>Wilmington, DE 19801                            |                  |             |             |    |                 |
| Sheet no1 of _18_ sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims | <u> </u>    | _           | (Total of  | L<br>Sub<br>this |             |             | ,  | 11,707.70       |

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B6F (Official Form 6F) (12/07) - Cont.

| In re | Renee Lewis-Pearson | Case No. |  |
|-------|---------------------|----------|--|
|       |                     | Debtor   |  |

| CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)             | CODEBTOR | H<br>W<br>J<br>C | DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM                             | CONTINGENT  | U     | DISPUTED | AMOUNT OF CLAIM |
|---|----------|------------------|---|-------------|-------|----------|-----------------|
| Account No.  Chase  |          |                  | Chase Auto Finance National Bankruptcy Dept. 201 N Central Ave AZ1-1191 Phoenix, AZ 85004 | T           | DATED |          |                 |
| Account No.  Chase  | -        |                  | Chase Auto Finance<br>PO Box 71<br>Phoenix, AZ 85001-0071                                 |             |       |          |                 |
| Account No.  Chase  |          |                  | Chase Auto Finance<br>PO Box 901065<br>Fort Worth, TX 76101-2065                          |             |       |          |                 |
| Account No.  City of Chicago - Parking 121 N. LaSalle Street Room 107 Chicago, IL 60602                       |          | -                |   |             |       |          | 995.00          |
| Account No.  City of Elgin 150 Dexter Court Attn: Legal Dept./Parking Elgin, IL 60120                         |          | _                |   |             |       |          | 2,500.00        |
| Sheet no. <b>2</b> of <b>18</b> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims |          |                  | (Total of t   | Subi<br>his |       |          | 3,495.00        |

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B6F (Official Form 6F) (12/07) - Cont.

| In re | Renee Lewis-Pearson | Case No |  |
|-------|---------------------|---------|--|
| _     |                     | Debtor  |  |

## SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

| CREDITOR'S NAME,   | Š        | Ηι          | sband, Wife, Joint, or Community                                  | ļċ         | Ü           | D        |                 |
|--|----------|-------------|---|------------|-------------|----------|-----------------|
| MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)                       | ODE BTOR | C<br>J<br>M | CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE. | CONTINGENT | UNLIQUIDATE | DISPUTED | AMOUNT OF CLAIM |
| Account No. 5020006181 & 5020006080  |          |             | & 5020005997 & 5050000410 &5020005955                             | Ι΄         | Ė           |          |                 |
| City of Elgin<br>150 Dexter Court<br>Attn: Legal Dept.<br>Elgin, IL 60120                              |          | -           |   |            |             |          | 100.00          |
| Account No. <b>758646A77698</b>  |          |             | Opened 9/01/08  |            |             |          |                 |
| Dependon Collection Se<br>Attn: Bankruptcy<br>Po Box 4833<br>Oak Brook, IL 60523                       |          | -           | CollectionAttorney Drs Pildes Pierce                              |            |             |          |                 |
|  |          |             |   |            |             |          | 468.00          |
| Account No.  Dependon Collection Se  |          |             | Dependon Collection Se<br>Po Box 4833<br>Oak Brook, IL 60522      |            |             |          |                 |
| Account No. 113679   |          |             |   |            |             |          |                 |
| Elmhurst Clinic<br>75 Remittance Drive, Ste. 1253<br>Chicago, IL 60675-1253                            |          | -           |   |            |             |          | 45.00           |
| Account No. <b>E00002068692</b>  |          |             |   |            |             | Н        |                 |
| Elmhurst Memorial Hospital<br>PO Box 92348<br>Attn: Patient Accts/Bankruptcy<br>Chicago, IL 60675-2348 |          | _           |   |            |             |          | 27.06           |
| Sheet no. <b>3</b> of <b>18</b> sheets attached to Schedule of   |          |             |   | Subt       | ota         | 1        | 640.06          |
| Creditors Holding Unsecured Nonpriority Claims   |          |             | (Total of t   | his        | pag         | e)       | 640.06          |

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B6F (Official Form 6F) (12/07) - Cont.

| In re | Renee Lewis-Pearson |        | Case No. |  |
|-------|---------------------|--------|----------|--|
| _     |                     | Debtor | ,        |  |

### SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

|  |          |             |   |         | _     | _      |      |                 |
|--|----------|-------------|---|---------|-------|--------|------|-----------------|
| CREDITOR'S NAME,   | C        | Hu          | sband, Wife, Joint, or Community  | ;       | 3   ! | NI I   | D    |                 |
| MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)                           | CODEBTOR | C<br>1<br>M | DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE. | - 11    | V   1 | Q<br>U | SPUT | AMOUNT OF CLAIM |
| Account No. 5178006062372851   | Ī        |             | Opened 9/01/08 Last Active 4/22/09  | أ       | Ė     | Ť      |      |                 |
| First Premier Bank<br>900 Delaware Suite 7<br>Sioux Falls, SD 57104  |          | -           | CreditCard  |         |       | D      |      | 455.00          |
| Account No.  |          |             | First Premier Bank  |         | Т     | T      |      |                 |
| First Premier Bank   |          |             | Po Box 5524<br>Sioux Falls, SD 57117-5524   |         |       |        |      |                 |
| Account No.  | T        |             | First Premier Bank  | $\top$  | T     | 7      |      |                 |
| First Premier Bank   |          |             | PO Box 5519<br>Sioux Falls, SD 57117-5519   |         |       |        |      |                 |
| Account No. <b>G31155625</b>   |          |             | 2/14/2008 -   |         | T     | 7      |      |                 |
| Gottlieb Memorial Hospital<br>701 W. North Avenue<br>Attention: Patient Accounts<br>Melrose Park, IL 60160 |          | -           |   |         |       |        |      | 496.93          |
| Account No.  |          |             | Powers & Moon, LLC  | 寸       | Ť     | T      |      |                 |
| Gottlieb Memorial Hospital   |          |             | Attorneys at Law<br>707 Lake Cook Road, suite 102<br>Deerfield, IL 60015                      |         |       |        |      |                 |
| Sheet no. 4 of 18 sheets attached to Schedule of   |          |             |   | Su      | bto   | tal    | l    | 054.00          |
| Creditors Holding Unsecured Nonpriority Claims   |          |             | (Total o  | of this | s p   | age    | e)   | 951.93          |

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| In re | Renee Lewis-Pearson |        | Case No. |  |
|-------|---------------------|--------|----------|--|
| _     |                     | Debtor | ,        |  |

## SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

|  | T <sub>C</sub> | ш.,         | Johand Wife Joint or Community  | 16         | ш           | Ь        |                 |
|--|----------------|-------------|---|------------|-------------|----------|-----------------|
| CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)                  | CODEBTOR       | H<br>W<br>J | DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE. | CONTINGENT | UZLLQULDAFE | DISPUTED | AMOUNT OF CLAIM |
| Account No. 16217664   | 1              |             |   | '          | Ę           |          |                 |
| Great Lakes Specialty Finance, Inc.<br>dba Check N Go<br>541 East Roosevelt Road<br>Lombard, IL 60148              |                | -           |   |            |             | х        | 600.00          |
| Account No. <b>16660524</b>  | ╁              |             |   | 1          |             |          |                 |
| Great Lakes Specialty Finance, Inc.<br>dba Check N Go<br>541 East Roosevelt Road<br>Lombard, IL 60148              |                | -           |   |            |             | x        | 4 000 00        |
|  | ╄              |             |   |            |             |          | 1,000.00        |
| Account No.  Great Lakes Specialty Finance, Inc.   |                |             | Collections Dept<br>4540 Cooper Road<br>Suite 200<br>Cincinnati, OH 45242                     |            |             |          |                 |
| Account No. <b>P13669214</b>   | ╁              | $\vdash$    | 2005  | +          |             |          |                 |
| Illinois Department of Revenue<br>Bankruptcy Unit<br>100 W. Randolph St. Level 7-400<br>Chicago, IL 60601          |                | -           |   |            |             |          | 2,246.77        |
| Account No. <b>9504138 IL VS090448547</b>  | t              | H           |   | 1          |             |          |                 |
| Illinois State Toll Highway Authori<br>2700 Ogden Avenue<br>Attn: Bankruptcy Dept.<br>Downers Grove, IL 60515-1703 |                | -           |   |            |             | x        | 2,831.50        |
| Sheet no. 5 of 18 sheets attached to Schedule of   |                | _           |   | Subt       | ota         | 1        | 0.070.07        |
| Creditors Holding Unsecured Nonpriority Claims   |                |             | (Total of   | this       | pag         | e)       | 6,678.27        |

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| In re | Renee Lewis-Pearson | Case No |  |
|-------|---------------------|---------|--|
| _     |                     | Debtor  |  |

## SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

| CREDITOR'S NAME,   | C        | Н           | usband, Wife, Joint, or Community                             | C          | Ü           | D             |                 |
|--|----------|-------------|---|------------|-------------|---------------|-----------------|
| MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)  Account No. VN091668095          | CODEBTOR | C<br>J<br>M | DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM | CONTINGENT | DZ1-QD-D4HU | SPUTED        | AMOUNT OF CLAIM |
|  | 1        |             |   |            | D           | L             |                 |
| Illinois State Toll Highway Authori<br>2700 Ogden Avenue<br>Downers Grove, IL 60515-1703                           |          | -           |   |            |             | x             | 104.00          |
| Account No. <b>VS091761515</b>   | ╀        | ╀           |   | -          | H           | $\vdash$      | 104.00          |
| Illinois State Toll Highway Authori<br>2700 Ogden Avenue<br>Downers Grove, IL 60515-1703                           |          | -           |   |            |             | x             |                 |
|  |          |             |   |            |             |               | 637.20          |
| Account No. <b>VS090651696</b>   | ╁        | t           |   | +          | H           | $\vdash$      |                 |
| Illinois State Toll Highway Authori<br>2700 Ogden Avenue<br>Attn: Bankruptcy Dept.<br>Downers Grove, IL 60515-1703 |          | _           |   |            |             | x             | 28,890.10       |
| Account No. VN091839938  |          |             |   |            | Г           |               |                 |
| Illinois State Toll Highway Authori<br>2700 Ogden Avenue<br>Attn: Bankruptcy Dept.<br>Downers Grove, IL 60515-1703 |          | _           |   |            |             | x             | 355.20          |
| Account No. VN092299921  | T        | T           |   | T          | Т           | Т             |                 |
| Illinois State Toll Highway Authori<br>2700 Ogden Avenue<br>Attn: Bankruptcy Dept.<br>Downers Grove, IL 60515-1703 |          | _           |   |            |             | x             | 374.40          |
| Sheet no. 6 of 18 sheets attached to Schedule of   |          | _           |   | Subt       | ota         | <u>–</u><br>1 | 20,000,00       |
| Creditors Holding Unsecured Nonpriority Claims   |          |             | (Total of t   | his 1      | pag         | e)            | 30,360.90       |

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| In re | Renee Lewis-Pearson | Case No |  |
|-------|---------------------|---------|--|
| _     |                     | Debtor  |  |

## SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

| ٦.    | 1        |                                   | 1.  |   | -   | 1  |
|-------|----------|-----------------------------------|---|---|---|--|
| CODER | Н        | DATE CLAIM WAS INCURRED AND       | CONT  | UNLLO   | DISPU   |  |
| T O R | J        | CONSIDERATION FOR CLAIM. IF CLAIM | NGEN  | YU L D A  | T<br>E<br>D   | AMOUNT OF CLAIM  |
|       |          |                                   | Т   | TE  |   |  |
|       | -        |                                   |   | D   |   | 187.20   |
|       |          |                                   |   |   |   |  |
|       | -        |                                   |   |   | x   |  |
|       |          |                                   |   |   |   | 5,310.00   |
|       |          |                                   |   |   |   |  |
|       | -        |                                   |   |   | x   |  |
|       |          |                                   |   |   |   | 665.60   |
|       |          |                                   |   |   |   |  |
|       | -        |                                   |   |   | x   |  |
|       |          |                                   |   |   |   | 991.20   |
|       |          |                                   |   |   |   |  |
|       | -        |                                   |   |   |   |  |
|       |          |                                   |   |   |   | 1,268.80   |
|       | 1        |                                   |   |   |   | 8,422.80   |
|       | CODEBTOR | ODEBTO<br>H W J C                 | DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE. | DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE. | DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE. | DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.  - X |

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| In re | Renee Lewis-Pearson | Case No |  |
|-------|---------------------|---------|--|
| _     |                     | Debtor  |  |

### SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

| CREDITOR'S NAME,   | Ç               | F      | Hus    | band, Wife, Joint, or Community   | Ç          | Ü           | D      | ·Τ |                 |
|--|-----------------|--------|--------|---|------------|-------------|--------|----|-----------------|
| MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)  Account No. VS093167405                          | C O D E B T O R | V<br>J | N<br>N | DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE. | CONTINGENT | UNLIQUIDATE | SPUTED |    | AMOUNT OF CLAIM |
| Illinois State Toll Highway Authori<br>2700 Ogden Avenue<br>Attn: Bankruptcy Dept.<br>Downers Grove, IL 60515-1703                 |                 | -      | -      |   |            | D           |        |    | 849.60          |
| Account No. VN092600402  Illinois State Toll Highway Authori 2700 Ogden Avenue Attn: Bankruptcy Dept. Downers Grove, IL 60515-1703 |                 | -      | -      |   |            |             | x      | (  | 249.60          |
| Account No. VS092602604  Illinois State Toll Highway Authori 2700 Ogden Avenue Attn: Bankruptcy Dept. Downers Grove, IL 60515-1703 |                 | -      |        |   |            |             | x      |    | 1,205.20        |
| Account No. VW092710932  Illinois Tollway c/o GC Services PO Box 79 Elgin, IL 60121  |                 | -      | •      |   |            |             | x      | (  | 1,274.40        |
| Account No. 9504138  Illinois Tollway Authority 2700 Ogden Avenue Attn: Violation Administration Ctr Downers Grove, IL 60515       |                 | -      | -      |   |            |             |        |    | 1,417.60        |
| Sheet no. <b>8</b> of <b>18</b> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims                      |                 |        |        | (Total of t   | Subt       |             |        | T  | 4,996.40        |

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| In re | Renee Lewis-Pearson | Case No. |  |
|-------|---------------------|----------|--|
|       |                     | Debtor   |  |

| CREDITOR'S NAME,  | Ç               | Ηu          | sband, Wife, Joint, or Community  | Č          | U    | D             |                 |
|---|-----------------|-------------|---|------------|------|---------------|-----------------|
| MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)                              | C O D E B T O R | C<br>J<br>H | DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE. | CONTINGENT | I () | I S P U T E D | AMOUNT OF CLAIM |
| Account No. <b>VS092478373</b>  |                 |             |   | T          | ΙE   |               |                 |
| Illinois Tollway Authority<br>PO Box 5201<br>Lisle, IL 60532-5201   |                 | -           |   |            | D    |               | 354.00          |
| Account No. 200700835404  |                 |             |   | T          |      |               |                 |
| Ingalls Memorial Hospital<br>One Ingalls Drive<br>Attn: Patient Accounts<br>Harvey, IL 60426                  |                 | -           |   |            |      |               |                 |
|   |                 |             |   |            |      |               | 58.88           |
| Account No. 200700309467  Ingalls Memorial Hospital One Ingalls Drive Attn: Patient Accounts Harvey, IL 60426 |                 | -           |   |            |      |               | 204.96          |
| Account No.   |                 |             | Medical Recovery Specialists, Inc.  | Т          |      |               |                 |
| Ingalls Memorial Hospital   |                 |             | 2250 E Devon, Suite 352<br>Des Plaines, IL 60018-4519   |            |      |               |                 |
| Account No. 785   |                 | T           |   |            |      |               |                 |
| Karim S Yunez, MD SC<br>2038 Momentum Place<br>Chicago, IL 60689-5320   |                 | -           |   |            |      |               | 770.27          |
| Sheet no. <b>9</b> of <b>18</b> sheets attached to Schedule of  | _               |             |   | Subt       | tota | ıl            |                 |
| Creditors Holding Unsecured Nonpriority Claims  |                 |             | (Total of t   |            |      |               | 1,388.11        |

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| In re | Renee Lewis-Pearson | Case No. |  |
|-------|---------------------|----------|--|
| -     |                     | Debtor   |  |

| CREDITOR'S NAME,   | č       | Hu         | sband, Wife, Joint, or Community  | 0      | : U | Ę   |   |                 |
|--|---------|------------|---|--------|-----|-----|---|-----------------|
| MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) | ODEBTOR | J C<br>H W | DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE. |        | l Q |     | J | AMOUNT OF CLAIM |
| Account No. 1063857318   |         |            | Med1 02 Elmhurst Anesthesia   | Т      | T   |     | Γ |                 |
| Med Busi Bur<br>1460 Renaissance Dr<br>Park Ridge, IL 60068                      |         | -          |   |        | D   |     |   | 950.00          |
| Account No.  |         | Γ          | Medical Business Bureau, Inc.   |        |     |     | T |                 |
| Med Busi Bur   |         |            | 1175 Devin Drive, Suite 173<br>Norton Shores, MI 49441  |        |     |     |   |                 |
| Account No. <b>1270950</b>   |         | T          | Village of Bellwood   |        | T   | t   | † |                 |
| Municpal Collection Services, Inc.<br>P.O. Box 1022<br>Wixom, MI 48393-1022      |         | -          |   |        |     |     |   | 200.00          |
| Account No.  |         | T          | Village of Bellwood   |        | T   | t   | 1 |                 |
| Municpal Collection Services, Inc.   |         |            | 3200 Washington Boulevard<br>Attn: Parking Violations<br>Bellwood, IL 60104                   |        |     |     |   |                 |
| Account No. <b>648628387</b>   |         | T          | 12 Progressive Ins Co   |        | T   | Ť   | 1 |                 |
| Nco Fin /99<br>Po Box 15636<br>Wilmington, DE 19850                              |         | -          |   |        |     |     |   | 151.00          |
| Sheet no. 10 of 18 sheets attached to Schedule of                                |         | _          | •   | Sub    | tot | al  | 1 | 4 004 55        |
| Creditors Holding Unsecured Nonpriority Claims                                   |         |            | (Total o  | f this | pa  | ge` |   | 1,301.00        |

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| In re | Renee Lewis-Pearson | Case No. |  |
|-------|---------------------|----------|--|
|       |                     | Debtor   |  |

| CDEDITODIS NAME  | Ç        | Ηu          | sband, Wife, Joint, or Community                                 | Ç          | U           | Į.       | эТ                    |                 |
|--|----------|-------------|--|------------|-------------|----------|-----------------------|-----------------|
| CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)                | CODEBTOR | C<br>J<br>M | IS SUBJECT TO SETOFF, SO STATE.                                  | CONTINGENT | UNLIQUIDATE | FUTE     | S<br>P<br>U<br>T<br>E | AMOUNT OF CLAIM |
| Account No.  |          |             | NCO Financial  | T          | ΙE          |          |                       |                 |
| Nco Fin /99  |          |             | 507 Prudential Road<br>Horsham, PA 19044                         |            | D           |          |                       |                 |
| Account No. 3252269543  Northwest Collectors 3601 Algonquin Rd Ste 23 Rolling Meadows, IL 60008                  |          | -           | Opened 1/01/06 CollectionAttorney Associated Pathology Consultan |            |             |          |                       |                 |
|  |          |             |  |            |             |          |                       | 126.00          |
| Account No. PAL1ATT5032831266  Palisades Coll Attention: Banktruptcy Department Po Box 100018 Kennesaw, GA 30156 |          | -           | 11 At T Wireless   |            |             |          |                       | 256.00          |
| Account No.  Palisades Coll  |          |             | Palisad Coll<br>210 Sylvan Ave<br>Englewood, NJ 07632            |            |             |          |                       |                 |
| Account No.  PLS Loan Stores c/o Robert M Wolfberg, Esq. 300 N Elizabeth Street Chicago, IL 60607                |          | -           |  |            |             | <b>)</b> | ×                     | 1,041.02        |
| Sheet no. <u>11</u> of <u>18</u> sheets attached to Schedule of  |          |             |  | Sub        | tota        | ıl       |                       | 1,423.02        |
| Creditors Holding Unsecured Nonpriority Claims   |          |             | (Total of t  | his        | pag         | ze`      |                       | 1,423.02        |

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| In re | Renee Lewis-Pearson | Case No. |  |
|-------|---------------------|----------|--|
|       |                     | Debtor   |  |

| CREDITOR'S NAME,<br>MAILING ADDRESS   | COD      | Н           | usband, Wife, Joint, or Community                  |               | CONTI   | U<br>N<br>L           | D<br>I<br>S |                 |
|---|----------|-------------|--|---------------|---------|-----------------------|-------------|-----------------|
| INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)                                      | CODEBTOR | C<br>A<br>M | CONSIDERATION FOR CLAIM. IF                        | CLAIM         | TINGENT | ONLIQUIDA             | E           | AMOUNT OF CLAIM |
| Account No. <b>12266</b>  |          |             | 04 City Of Elgin                                   |               | T       | D<br>A<br>T<br>E<br>D |             |                 |
| Receivables Management Inc. (RMI)<br>Attn: Bankruptcy<br>3348 Ridge Rd<br>Lansing, IL 60438           |          | _           |  |               |         |                       |             | 100.00          |
| Account No.   |          |             | City of Elgin                                      |               |         |                       |             |                 |
| Receivables Management Inc. (RMI)   |          |             | 150 Dexter Court Attn: Legal Dept. Elgin, IL 60120 |               |         |                       |             |                 |
| Account No.   | H        |             | Receivables Management Inc. (RMI)/                 |               |         |                       |             |                 |
| Receivables Management Inc. (RMI)   |          |             | 3348 Ridge Rd<br>Lansing, IL 60438                 |               |         |                       |             |                 |
| Account No. <b>050128</b>   | T        | T           | Village Of Hazel Crest                             |               |         |                       |             |                 |
| Receivables Management Inc. (RMI)/<br>Mortg<br>Attn: Bankruptcy<br>3348 Ridge Rd<br>Lansing, IL 60438 |          | _           |  |               |         |                       |             | 250.00          |
| Account No.   | T        | T           | Receivables Management Inc. (RMI)/                 |               |         |                       |             |                 |
| Receivables Management Inc. (RMI)/ Mortg  |          |             | Mortg<br>3348 Ridge Rd<br>Lansing, IL 60438        |               |         |                       |             |                 |
| Sheet no12_ of _18_ sheets attached to Schedule of  | _        |             |  |               | ub      |                       |             | 350.00          |
| Creditors Holding Unsecured Nonpriority Claims  |          |             |  | (Total of the | his     | pag                   | e)          | 000.30          |

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| In re | Renee Lewis-Pearson | Case No |  |
|-------|---------------------|---------|--|
| _     |                     | Debtor  |  |

### SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

| CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)            | CODEBTOR | Hu<br>H<br>W<br>J<br>C | DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE. | CONTINGENT | ΙQ     | D I S P U T E D | AMOUNT OF CLAIM |
|--|----------|------------------------|---|------------|--------|-----------------|-----------------|
| Account No. <b>270950</b>  | ł        |                        | 04 Village Of Bellwood Rs   | T          | E<br>D |                 |                 |
| Receivables Management Inc. (RMI)/<br>Mortg<br>Attn: Bankruptcy<br>3348 Ridge Rd<br>Lansing, IL 60438        |          | -                      |   |            |        |                 | 200.00          |
| Account No.  Receivables Management Inc. (RMI)/ Mortg  |          |                        | Receivables Management Inc. (RMI)/<br>Mortg<br>3348 Ridge Rd<br>Lansing, IL 60438             |            |        |                 |                 |
| Account No. 69371  Receivables Management Inc. (RMI)/ Mortg Attn: Bankruptcy 3348 Ridge Rd Lansing, IL 60438 |          | -                      | City Of Elgin   |            |        |                 | 100.00          |
| Account No.  Receivables Management Inc. (RMI)/ Mortg  |          |                        | Receivables Management Inc. (RMI)/<br>Mortg<br>3348 Ridge Rd<br>Lansing, IL 60438             |            |        |                 |                 |
| Account No. 59046  Receivables Management Inc. (RMI)/ Mortg Attn: Bankruptcy 3348 Ridge Rd Lansing, IL 60438 |          | -                      | City Of Elgin   |            |        |                 | 100.00          |
| Sheet no13_ of _18_ sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims            |          |                        | (Total of   | Sub        |        |                 | 400.00          |

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B6F (Official Form 6F) (12/07) - Cont.

| In re | Renee Lewis-Pearson | Case No |  |
|-------|---------------------|---------|--|
| _     |                     | Debtor  |  |

| CREDITOR'S NAME,  | CO       | Hu          | sband, Wife, Joint, or Community  |            | CO         | U<br>N                | D<br>I<br>S |                 |
|---|----------|-------------|---|------------|------------|-----------------------|-------------|-----------------|
| MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)                      | CODEBTOR | C<br>A<br>M | DATE CLAIM WAS INCURRED AN<br>CONSIDERATION FOR CLAIM. IF CLA<br>IS SUBJECT TO SETOFF, SO STATE | ΙM         | CONTINGENT | UNLIQUIDA             | E           | AMOUNT OF CLAIM |
| Account No.   |          |             | Receivables Management Inc. (RMI)/  |            | Т          | D<br>A<br>T<br>E<br>D |             |                 |
| Receivables Management Inc. (RMI)/ Mortg  |          |             | Mortg<br>3348 Ridge Rd<br>Lansing, IL 60438   |            |            | D                     |             |                 |
| Account No. <b>59065</b>  | t        |             | City Of Elgin   |            |            |                       | Н           |                 |
| Receivables Management Inc. (RMI)/<br>Mortg<br>Attn: Bankruptcy<br>3348 Ridge Rd<br>Lansing, IL 60438 |          | -           |   |            |            |                       |             | 100.00          |
| Account No.   | t        |             | Receivables Management Inc. (RMI)/  |            |            |                       | Н           |                 |
| Receivables Management Inc. (RMI)/ Mortg  |          |             | Mortg<br>3348 Ridge Rd<br>Lansing, IL 60438   |            |            |                       |             |                 |
| Account No. <b>77851</b>  | t        |             | City Of Elgin   |            |            |                       | Н           |                 |
| Receivables Management Inc. (RMI)/<br>Mortg<br>Attn: Bankruptcy<br>3348 Ridge Rd<br>Lansing, IL 60438 |          | -           |   |            |            |                       |             | 100.00          |
| Account No.   | T        | T           | Receivables Management Inc. (RMI)/  |            |            |                       |             |                 |
| Receivables Management Inc. (RMI)/ Mortg  |          |             | Mortg<br>3348 Ridge Rd<br>Lansing, IL 60438   |            |            |                       |             |                 |
| Sheet no14_ of _18_ sheets attached to Schedule of  |          |             |   | S          | ubi        | ota                   | .1          | 200.00          |
| Creditors Holding Unsecured Nonpriority Claims  |          |             | (Te   | otal of tl | nis        | pag                   | e)          | 200.00          |

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B6F (Official Form 6F) (12/07) - Cont.

| In re | Renee Lewis-Pearson | Case No. |  |
|-------|---------------------|----------|--|
|       |                     | Debtor   |  |

| CREDITOR'S NAME,<br>MAILING ADDRESS  | COD      | Hu          | sband, Wife, Joint, or Community   |               | C O N T | U<br>N<br>I | DIS   |   |                 |
|--|----------|-------------|--|---------------|---------|-------------|-------|---|-----------------|
| INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)   | CODEBTOR | C<br>A<br>M | DATE CLAIM WAS INCURRED A CONSIDERATION FOR CLAIM. IF C IS SUBJECT TO SETOFF, SO STA | LAIM          | TINGENT | I O I       | PUTED |   | AMOUNT OF CLAIM |
| Account No. 90798464   |          |             | 11/8/07  |               | Т       | E           |       | Γ |                 |
| Sherman Hospital/Sherman Health<br>934 Center Street<br>Elgin, IL 60120-2198                                   |          | -           |  |               |         |             |       |   | 626.75          |
| Account No.  | 1        |             | Sherman Hospital   |               |         |             |       | Ī |                 |
| Sherman Hospital/Sherman Health  |          |             | PO Box 46549<br>Lincolnwood, IL 60646-0549   |               |         |             |       |   |                 |
| Account No. 9400   | 1        |             |  |               |         |             |       | 1 |                 |
| Sir Finance Corporation<br>6140 N. Lincoln Avenue<br>Chicago, IL 60659   |          | -           |  |               |         |             | x     | ( | 1,411.00        |
| Account No. <b>0507120752</b>  | H        |             | 7/20/07 - 7/21/07  |               |         | Н           |       | † | <b>,</b>        |
| St James Hospital & Health Centers<br>Attn: Patient Accounts<br>1423 Chicago Road<br>Chicago Heights, IL 60411 |          | -           |  |               |         |             |       |   | 28.15           |
| Account No.  | t        |             | St. James Hospital & Health Centers  |               |         | $\vdash$    |       | 1 |                 |
| St James Hospital & Health Centers   |          |             | 2020 Lindell Avenue<br>Nashville, TN 37203-5509                                      |               |         |             |       |   |                 |
| Sheet no. <u>15</u> of <u>18</u> sheets attached to Schedule of  | -        | <u> </u>    | ı  |               |         | tota        |       |   | 2,065.90        |
| Creditors Holding Unsecured Nonpriority Claims   |          |             |  | (Total of the | nis 1   | pag         | e)    |   | =,              |

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B6F (Official Form 6F) (12/07) - Cont.

| In re | Renee Lewis-Pearson | Case No. |  |
|-------|---------------------|----------|--|
|       |                     | Debtor   |  |

| CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) Account No.              | CODEBTOR | C<br>A<br>H | sband, Wife, Joint, or Community  DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE. | CONTINGENT | UNLIQUIDATED | DISPUTED | AMOUNT OF CLAIM |
|--|----------|-------------|---|------------|--------------|----------|-----------------|
| The Bureaus<br>1717 Central<br>Evanston, IL 60204  |          | -           |   |            | D            |          | 1,127.00        |
| Account No.  The Bureaus   |          |             | Gerald Sapp DDS<br>957 S Mannheim Road<br>Westchester, IL 60154   |            |              |          |                 |
| Account No. PD370-37879-8694xxx2  The Payday Loan Store of Illinois, 7300 N Barrington Road Hanover Park, IL 60133         |          | -           |   |            |              | х        | 800.00          |
| Account No. 1700100009506218  Village of Bellwood, Illinois Photo Enforcement Program Dept 921 Carol Stream, IL 60132-0921 |          | -           |   |            |              | x        | 200.00          |
| Account No. 1703300032212832  Village of Westchester Photo Enforcement Program 395 W. Lake Street Elmhurst, IL 60126       |          | -           |   |            |              | x        | 200.00          |
| Sheet no. <u>16</u> of <u>18</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims             |          |             | (Total of   | Sub        |              |          | 2,327.00        |

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B6F (Official Form 6F) (12/07) - Cont.

| In re | Renee Lewis-Pearson | Case No. |  |
|-------|---------------------|----------|--|
|       |                     | Debtor   |  |

| CDEDITOD'S NAME   | C        | Нι          | usband, Wife, Joint, or Community                                    | 9      | ; [ i     | Ţ             | D         |                 |
|---|----------|-------------|--|--------|-----------|---------------|-----------|-----------------|
| CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) | CODEBTOR | J<br>H<br>M | CONSIDERATION FOR CLAIM. IF CLAIM                                    |        | ıΙΩ       | N L QU DA FEE | DISPUTED  | AMOUNT OF CLAIM |
| Account No.   |          |             | A/R Concepts, Inc.   | T      | ΙE        | Ē             |           |                 |
| Village of Westchester  |          |             | PO Box 1259<br>Oaks, PA 19456  |        | ]         | D             |           |                 |
| Account No.   |          | Г           | A/R Concepts, Inc.   |        | T         | T             | $\neg$    |                 |
| Village of Westchester  |          |             | 33 W Higgins Road<br>Suite 715<br>Barrington, IL 60010-9103          |        |           |               |           |                 |
| Account No.   | H        | T           |  | 1      | $\dagger$ | †             | $\dashv$  |                 |
| West Asset Management<br>2703 N Highway 75<br>Sherman, TX 75090                                   |          | -           |  |        |           |               |           | 891.00          |
| Account No.   |          | T           | Sprint PCS   |        | T         | 7             | $\exists$ |                 |
| West Asset Management   |          |             | c/o West Asset Management<br>PO Box 105478<br>Atlanta, GA 30348-5478 |        |           |               |           |                 |
| Account No. 3657  |          |             |  |        | T         | 7             | $\neg$    |                 |
| Yunez Dental & Associates PC<br>237 E Butterfield Road<br>Elmhurst, IL 60126                      |          | -           |  |        |           |               |           | 100.00          |
| Sheet no17_ of _18_ sheets attached to Schedule of  |          | _           |  | Sul    | oto       | tal           |           |                 |
| Creditors Holding Unsecured Nonpriority Claims  |          |             | (Total o   | f this | pa        | 126           | e)        | 991.00          |

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| In re | Renee Lewis-Pearson | Case No. |  |
|-------|---------------------|----------|--|
|       |                     | Debtor   |  |

|  | 1.0      | 1      |   | <del>_</del> |              | _   |                 |
|--|----------|--------|---|--------------|--------------|-----|-----------------|
| CREDITOR'S NAME,   | 0        | 1      | sband, Wife, Joint, or Community  |              | N            | Ī   |                 |
| MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) | CODEBTOR | J<br>C | DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE. | CONTINGENT   | Įυ           |     | AMOUNT OF CLAIM |
| Account No. 3657   |          |        | 3/09  | T            | T<br>E       |     |                 |
| Yunez Dental & Associates PC<br>237 E Butterfield Road<br>Elmhurst, IL 60126     |          | -      |   |              | D            |     | 352.70          |
| Account No.  |          |        |   |              |              |     |                 |
|  |          |        |   |              |              |     |                 |
| Account No.  | T        |        |   | T            |              |     |                 |
|  |          |        |   |              |              |     |                 |
| Account No.  | 1        |        |   |              |              |     |                 |
|  |          |        |   |              |              |     |                 |
| Account No.  | 1        |        |   |              |              |     |                 |
|  |          |        |   |              |              |     |                 |
| Sheet no18_ of _18_ sheets attached to Schedule of                               | •        |        |   | Subt         |              |     | 352.70          |
| Creditors Holding Unsecured Nonpriority Claims                                   |          |        | (Total of t   | his          | pag          | ge) | 352.70          |
|  |          |        | (Report on Summary of So  |              | Tota<br>Iule |     | 78,544.79       |

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B6G (Official Form 6G) (12/07)

| In re | Renee Lewis-Pearson | Case No. |  |
|-------|---------------------|----------|--|
| -     |                     | Debtor   |  |

### SCHEDULE G - EXECUTORY CONTRACTS AND UNEXPIRED LEASES

Describe all executory contracts of any nature and all unexpired leases of real or personal property. Include any timeshare interests. State nature of debtor's interest in contract, i.e., "Purchaser", "Agent", etc. State whether debtor is the lessor or lessee of a lease. Provide the names and complete mailing addresses of all other parties to each lease or contract described. If a minor child is a party to one of the leases or contracts, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

■ Check this box if debtor has no executory contracts or unexpired leases.

Name and Mailing Address, Including Zip Code, of Other Parties to Lease or Contract

Description of Contract or Lease and Nature of Debtor's Interest. State whether lease is for nonresidential real property. State contract number of any government contract. Case 09-34223 Doc 1 Filed 09/15/09 Entered 09/15/09 21:39:55 Desc Main Document Page 35 of 60

B6H (Official Form 6H) (12/07)

| In re | Renee Lewis-Pearson | Case No  |  |
|-------|---------------------|----------|--|
| _     |                     | Debtor , |  |

### **SCHEDULE H - CODEBTORS**

Provide the information requested concerning any person or entity, other than a spouse in a joint case, that is also liable on any debts listed by debtor in the schedules of creditors. Include all guarantors and co-signers. If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within the eight year period immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state, commonwealth, or territory. Include all names used by the nondebtor spouse during the eight years immediately preceding the commencement of this case. If a minor child is a codebtor or a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

Check this box if debtor has no codebtors.

NAME AND ADDRESS OF CODEBTOR

NAME AND ADDRESS OF CREDITOR

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B6I (Official Form 6I) (12/07)

| In re | Renee Lewis-Pearson |           | Case No. |  |
|-------|---------------------|-----------|----------|--|
|       |                     | Debtor(s) |          |  |

### SCHEDULE I - CURRENT INCOME OF INDIVIDUAL DEBTOR(S)

The column labeled "Spouse" must be completed in all cases filed by joint debtors and by every married debtor, whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed. Do not state the name of any minor child. The average monthly income calculated on this form may differ from the current monthly income calculated on Form 22A, 22B, or 22C.

| Debtor's Marital Status:  | DEPENDENTS OF DEBTOR AND SPOUSE  |                              |                                     |                      |                   |  |
|---|--|------------------------------|-------------------------------------|----------------------|-------------------|--|
| Single  | RELATIONSHIP(S): Nephew Niece Son  | 6 y                          | AGE(S): 1.5 years 6 years 8 years   |                      |                   |  |
| <b>Employment:</b>  | DEBTOR   |                              | SPOUSE                              |                      |                   |  |
| Occupation  | Mail Carrier   |                              |                                     |                      |                   |  |
| Name of Employer  | United States Postal Service   |                              |                                     |                      |                   |  |
| How long employed   |  |                              |                                     |                      |                   |  |
| Address of Employer   | Manager<br>Payroll Processing Branch<br>2825 Lone Oak Pkwy<br>Eagan, MN 55121-9650 |                              |                                     |                      |                   |  |
|   | or projected monthly income at time case filed)                                    |                              | DEBTOR                              | Ç                    | SPOUSE            |  |
|   | and commissions (Prorate if not paid monthly)                                      | \$                           | 4,370.34                            | \$                   | N/A               |  |
| 2. Estimate monthly overtime  |  | \$                           | 0.00                                | \$                   | N/A               |  |
| 3. SUBTOTAL   |  | \$                           | 4,370.34                            | \$                   | N/A               |  |
| <ul> <li>4. LESS PAYROLL DEDUCTIOn</li> <li>a. Payroll taxes and social section</li> <li>b. Insurance</li> <li>c. Union dues</li> <li>d. Other (Specify)</li> </ul> |  | \$ _<br>\$ _<br>\$ _<br>\$ _ | 786.65<br>331.18<br>58.33<br>336.62 | \$<br>\$<br>\$<br>\$ | N/A<br>N/A<br>N/A |  |
| 5. SUBTOTAL OF PAYROLL I  | DEDUCTIONS   | \$                           | 1,512.78                            | \$                   | N/A               |  |
| 6. TOTAL NET MONTHLY TA   | KE HOME PAY  | \$                           | 2,857.56                            | \$                   | N/A               |  |
| 7 Regular income from operation   | n of business or profession or farm (Attach detailed statement)                    | \$                           | 0.00                                | \$                   | N/A               |  |
| 8. Income from real property  | is of business of profession of farm (reach detailed statement)                    | <u>\$</u> —                  | 0.00                                | \$                   | N/A               |  |
| 9. Interest and dividends   |  | \$                           | 0.00                                | \$                   | N/A               |  |
| 10. Alimony, maintenance or sup dependents listed above   | port payments payable to the debtor for the debtor's use or that o                 | of \$                        | 0.00                                | \$                   | N/A               |  |
| 11. Social security or governmen (Specify):   | t assistance   | •                            | 0.00                                | ¢                    | N/A               |  |
| (Specify):  |  | φ_                           | 0.00                                | ф —                  | N/A               |  |
| 12. Pension or retirement income  |  | φ —                          | 0.00                                | φ                    | N/A               |  |
| 13. Other monthly income  |  | Ф<br>—                       | 0.00                                | φ                    | N/A               |  |
| (Specify):  |  | \$ <u></u>                   | 0.00                                | \$                   | N/A               |  |
| 14. SUBTOTAL OF LINES 7 TI  | HROUGH 13  | \$_                          | 0.00                                | \$                   | N/A               |  |
| 15. AVERAGE MONTHLY INC   | COME (Add amounts shown on lines 6 and 14)   | \$                           | 2,857.56                            | \$                   | N/A               |  |
| 16 COMBINED AVERAGE MONTHLY INCOME: (Combine column totals from line 15)  |  |                              | \$                                  | 2,857.56             | 6                 |  |

(Report also on Summary of Schedules and, if applicable, on Statistical Summary of Certain Liabilities and Related Data)

17. Describe any increase or decrease in income reasonably anticipated to occur within the year following the filing of this document:

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**B6I (Official Form 6I) (12/07)** 

| In re | Renee Lewis-Pearson |           | Case No. |  |
|-------|---------------------|-----------|----------|--|
|       |                     | Debtor(s) |          |  |

# SCHEDULE I - CURRENT INCOME OF INDIVIDUAL DEBTOR(S)

# **Detailed Income Attachment**

# **Other Payroll Deductions:**

| mandatory pension              | \$<br>34.91  | \$<br>N/A |
|--------------------------------|--------------|-----------|
| thrift savings contribution    | \$<br>216.67 | \$<br>N/A |
| thrift savings loan repayment  | \$<br>85.04  | \$<br>N/A |
| Total Other Payroll Deductions | \$<br>336.62 | \$<br>N/A |

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B6J (Official Form 6J) (12/07)

| In re | Renee Lewis-Pearson |           | Case No. |  |
|-------|---------------------|-----------|----------|--|
|       |                     | Debtor(s) | -        |  |

# SCHEDULE J - CURRENT EXPENDITURES OF INDIVIDUAL DEBTOR(S)

Complete this schedule by estimating the average or projected monthly expenses of the debtor and the debtor's family at time case filed. Prorate any payments made bi-weekly, quarterly, semi-annually, or annually to show monthly rate. The average monthly expenses calculated on this form may differ from the deductions from income allowed on Form 22A or 22C.

| expenses calculated on this form may differ from the deductions from income allowed on Form 22A or 2   |                 | э шонину       |
|--|-----------------|----------------|
| ☐ Check this box if a joint petition is filed and debtor's spouse maintains a separate household. Compexpenditures labeled "Spouse."   | lete a separate | e schedule of  |
| 1. Rent or home mortgage payment (include lot rented for mobile home)  | \$              | 750.00         |
| a. Are real estate taxes included? Yes No _X   |                 |                |
| b. Is property insurance included? Yes No _X_  |                 |                |
| 2. Utilities: a. Electricity and heating fuel  | \$              | 225.00         |
| b. Water and sewer   | \$              | 0.00           |
| c. Telephone<br>d. Other   | \$<br>\$        | 100.00<br>0.00 |
| 3. Home maintenance (repairs and upkeep)   | ф<br>•          | 0.00           |
| 4. Food  | \$              | 510.00         |
| 5. Clothing  | \$ <del></del>  | 100.00         |
| 6. Laundry and dry cleaning  | \$              | 86.00          |
| 7. Medical and dental expenses   | \$              | 75.00          |
| 8. Transportation (not including car payments)   | \$              | 300.00         |
| 9. Recreation, clubs and entertainment, newspapers, magazines, etc.  | \$              | 50.00          |
| 10. Charitable contributions   | \$              | 0.00           |
| 11. Insurance (not deducted from wages or included in home mortgage payments)  |                 |                |
| a. Homeowner's or renter's   | \$              | 0.00           |
| b. Life<br>c. Health   | \$              | 0.00           |
| d. Auto  | \$<br>\$        | 130.00         |
| e. Other   | \$ ———          | 0.00           |
| 12. Taxes (not deducted from wages or included in home mortgage payments)  | Ψ               |                |
| (Specify)  | \$              | 0.00           |
| 13. Installment payments: (In chapter 11, 12, and 13 cases, do not list payments to be included in the   | ·               |                |
| plan)  |                 |                |
| a. Auto  | \$              | 0.00           |
| b. Other   | \$              | 0.00           |
| c. Other   | \$              | 0.00           |
| 14. Alimony, maintenance, and support paid to others   | \$              | 0.00           |
| 15. Payments for support of additional dependents not living at your home  | \$              | 0.00           |
| 16. Regular expenses from operation of business, profession, or farm (attach detailed statement)   | \$              | 0.00           |
| 17. Other education expenses; child care   | \$              | 250.00         |
| Other grooming; postage, bank fees, newspapers   | \$              | 65.00          |
| 18. AVERAGE MONTHLY EXPENSES (Total lines 1-17. Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data.) | \$              | 2,641.00       |
| 19. Describe any increase or decrease in expenditures reasonably anticipated to occur within the year  |                 |                |
| following the filing of this document:   |                 |                |
| 20. STATEMENT OF MONTHLY NET INCOME  |                 |                |
| a. Average monthly income from Line 15 of Schedule I   | \$              | 2,857.56       |
| b. Average monthly expenses from Line 18 above   | \$              | 2,641.00       |
| c. Monthly net income (a. minus b.)  | \$              | 216.56         |

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B6 Declaration (Official Form 6 - Declaration). (12/07)

# **United States Bankruptcy Court Northern District of Illinois**

| In re | Renee Lewis-Pearson  |           |  | Case No. |      |
|-------|--|-----------|--|----------|------|
|       |  |           | Debtor(s)  | Chapter  | 13   |
|       |  |           |  |          |      |
|       | DECLARATION CO   | ONCERN    | ING DEBTOR'S SO                                    | CHEDUL   | ES   |
|       | DECLARATION UNDER P  | ENALTY (  | OF PERJURY BY INDIV                                | DUAL DEF | BTOR |
|       | I declare under penalty of perjury the sheets, and that they are true and corr |           |  |          |      |
| Date  | September 14, 2009   | Signature | /s/ Renee Lewis-Pearson Renee Lewis-Pearson Debtor | on       |      |

Penalty for making a false statement or concealing property: Fine of up to \$500,000 or imprisonment for up to 5 years or both. 18 U.S.C. §§ 152 and 3571.

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B7 (Official Form 7) (12/07)

# United States Bankruptcy Court Northern District of Illinois

| In re | Renee Lewis-Pearson |           | Case No. |    |
|-------|---------------------|-----------|----------|----|
|       |                     | Debtor(s) | Chapter  | 13 |

#### STATEMENT OF FINANCIAL AFFAIRS

This statement is to be completed by every debtor. Spouses filing a joint petition may file a single statement on which the information for both spouses is combined. If the case is filed under chapter 12 or chapter 13, a married debtor must furnish information for both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed. An individual debtor engaged in business as a sole proprietor, partner, family farmer, or self-employed professional, should provide the information requested on this statement concerning all such activities as well as the individual's personal affairs. To indicate payments, transfers and the like to minor children, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. § 112; Fed. R. Bankr. P. 1007(m).

Questions 1 - 18 are to be completed by all debtors. Debtors that are or have been in business, as defined below, also must complete Questions 19 - 25. **If the answer to an applicable question is "None," mark the box labeled "None."** If additional space is needed for the answer to any question, use and attach a separate sheet properly identified with the case name, case number (if known), and the number of the question.

#### **DEFINITIONS**

"In business." A debtor is "in business" for the purpose of this form if the debtor is a corporation or partnership. An individual debtor is "in business" for the purpose of this form if the debtor is or has been, within six years immediately preceding the filing of this bankruptcy case, any of the following: an officer, director, managing executive, or owner of 5 percent or more of the voting or equity securities of a corporation; a partner, other than a limited partner, of a partnership; a sole proprietor or self-employed full-time or part-time. An individual debtor also may be "in business" for the purpose of this form if the debtor engages in a trade, business, or other activity, other than as an employee, to supplement income from the debtor's primary employment.

"Insider." The term "insider" includes but is not limited to: relatives of the debtor; general partners of the debtor and their relatives; corporations of which the debtor is an officer, director, or person in control; officers, directors, and any owner of 5 percent or more of the voting or equity securities of a corporate debtor and their relatives; affiliates of the debtor and insiders of such affiliates; any managing agent of the debtor. 11 U.S.C. § 101.

## 1. Income from employment or operation of business

None  $\square$ 

State the gross amount of income the debtor has received from employment, trade, or profession, or from operation of the debtor's business, including part-time activities either as an employee or in independent trade or business, from the beginning of this calendar year to the date this case was commenced. State also the gross amounts received during the **two years** immediately preceding this calendar year. (A debtor that maintains, or has maintained, financial records on the basis of a fiscal rather than a calendar year may report fiscal year income. Identify the beginning and ending dates of the debtor's fiscal year.) If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income of both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

AMOUNT SOURCE

\$47,167.00 2008: US Postal Service \$48,640.00 2007: US Postal Service

#### 2. Income other than from employment or operation of business

None

State the amount of income received by the debtor other than from employment, trade, profession, or operation of the debtor's business during the **two years** immediately preceding the commencement of this case. Give particulars. If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income for each spouse whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

AMOUNT SOURCE

\$2,200.00 2008 - pension withdrawals

**AMOUNT SOURCE** 

\$3.750.00 2007 - gambling winnings

#### 3. Payments to creditors

None

Complete a. or b., as appropriate, and c.

Individual or joint debtor(s) with primarily consumer debts. List all payments on loans, installment purchases of goods or services, and other debts to any creditor made within 90 days immediately preceding the commencement of this case unless the aggregate value of all property that constitutes or is affected by such transfer is less than \$600. Indicate with an (\*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and creditor counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS DATES OF AMOUNT STILL OF CREDITOR **PAYMENTS** AMOUNT PAID **OWING** 

None b. Debtor whose debts are not primarily consumer debts: List each payment or other transfer to any creditor made within 90 days immediately preceding the commencement of the case unless the aggregate value of all property that constitutes or is affected by such transfer is less than \$5,475. If the debtor is an individual, indicate with an asterisk (\*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and creditor counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

AMOUNT DATES OF PAID OR PAYMENTS/ VALUE OF AMOUNT STILL NAME AND ADDRESS OF CREDITOR **TRANSFERS TRANSFERS** OWING

None c. All debtors: List all payments made within one year immediately preceding the commencement of this case to or for the benefit of creditors who are or were insiders. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR AND

AMOUNT STILL

RELATIONSHIP TO DEBTOR

DATE OF PAYMENT

AMOUNT PAID

**OWING** 

#### 4. Suits and administrative proceedings, executions, garnishments and attachments

None

a. List all suits and administrative proceedings to which the debtor is or was a party within one year immediately preceding the filing of this bankruptcy case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

CAPTION OF SUIT COURT OR AGENCY STATUS OR NATURE OF PROCEEDING AND CASE NUMBER AND LOCATION DISPOSITION

b. Describe all property that has been attached, garnished or seized under any legal or equitable process within one year immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF PERSON FOR WHOSE DESCRIPTION AND VALUE OF BENEFIT PROPERTY WAS SEIZED DATE OF SEIZURE **PROPERTY** 

#### 5. Repossessions, foreclosures and returns

None

List all property that has been repossessed by a creditor, sold at a foreclosure sale, transferred through a deed in lieu of foreclosure or returned to the seller, within one year immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR OR SELLER

DATE OF REPOSSESSION, FORECLOSURE SALE. TRANSFER OR RETURN

DESCRIPTION AND VALUE OF **PROPERTY** 

#### 6. Assignments and receiverships

None

a. Describe any assignment of property for the benefit of creditors made within 120 days immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include any assignment by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

DATE OF

NAME AND ADDRESS OF ASSIGNEE

ASSIGNMENT

TERMS OF ASSIGNMENT OR SETTLEMENT

b. List all property which has been in the hands of a custodian, receiver, or court-appointed official within one year immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND LOCATION

NAME AND ADDRESS OF CUSTODIAN

OF COURT CASE TITLE & NUMBER DATE OF ORDER

DESCRIPTION AND VALUE OF

3

**PROPERTY** 

7. Gifts

None

List all gifts or charitable contributions made within one year immediately preceding the commencement of this case except ordinary and usual gifts to family members aggregating less than \$200 in value per individual family member and charitable contributions aggregating less than \$100 per recipient. (Married debtors filing under chapter 12 or chapter 13 must include gifts or contributions by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF PERSON OR ORGANIZATION RELATIONSHIP TO

DESCRIPTION AND

VALUE OF GIFT

DEBTOR, IF ANY

DATE OF GIFT

8. Losses

None

List all losses from fire, theft, other casualty or gambling within one year immediately preceding the commencement of this case or since the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include losses by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

DESCRIPTION AND VALUE OF PROPERTY

DESCRIPTION OF CIRCUMSTANCES AND, IF LOSS WAS COVERED IN WHOLE OR IN PART BY INSURANCE, GIVE PARTICULARS

DATE OF LOSS

#### 9. Payments related to debt counseling or bankruptcy

None 

List all payments made or property transferred by or on behalf of the debtor to any persons, including attorneys, for consultation concerning debt consolidation, relief under the bankruptcy law or preparation of the petition in bankruptcy within **one year** immediately preceding the commencement of this case.

NAME AND ADDRESS OF PAYEE Lorraine M. Greenberg 20 East Jackson Boulevard Suite 800 Chicago, IL 60604

DATE OF PAYMENT, NAME OF PAYOR IF OTHER THAN DEBTOR 8/09

AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY \$274 for court costs: \$3.500 to be requested to be paid, of

which we received \$126 prepetition

# 10. Other transfers

None

a. List all other property, other than property transferred in the ordinary course of the business or financial affairs of the debtor, transferred either absolutely or as security within two years immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF TRANSFEREE, RELATIONSHIP TO DEBTOR

DATE

DESCRIBE PROPERTY TRANSFERRED AND VALUE RECEIVED

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None

b. List all property transferred by the debtor within ten years immediately preceding the commencement of this case to a self-settled trust or similar device of which the debtor is a beneficiary.

NAME OF TRUST OR OTHER DEVICE

DATE(S) OF TRANSFER(S) AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY OR DEBTOR'S INTEREST IN PROPERTY

#### 11. Closed financial accounts

None

List all financial accounts and instruments held in the name of the debtor or for the benefit of the debtor which were closed, sold, or otherwise transferred within one year immediately preceding the commencement of this case. Include checking, savings, or other financial accounts, certificates of deposit, or other instruments; shares and share accounts held in banks, credit unions, pension funds, cooperatives, associations, brokerage houses and other financial institutions. (Married debtors filing under chapter 12 or chapter 13 must include information concerning accounts or instruments held by or for either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

> TYPE OF ACCOUNT, LAST FOUR DIGITS OF ACCOUNT NUMBER, AND AMOUNT OF FINAL BALANCE

AMOUNT AND DATE OF SALE OR CLOSING

NAME AND ADDRESS OF INSTITUTION

#### 12. Safe deposit boxes

None

List each safe deposit or other box or depository in which the debtor has or had securities, cash, or other valuables within one year immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include boxes or depositories of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF BANK OR OTHER DEPOSITORY

NAMES AND ADDRESSES OF THOSE WITH ACCESS TO BOX OR DEPOSITORY

DESCRIPTION OF CONTENTS DATE OF TRANSFER OR SURRENDER, IF ANY

#### 13. Setoffs

None

List all setoffs made by any creditor, including a bank, against a debt or deposit of the debtor within 90 days preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR

DATE OF SETOFF

AMOUNT OF SETOFF

# 14. Property held for another person

None

List all property owned by another person that the debtor holds or controls.

NAME AND ADDRESS OF OWNER

DESCRIPTION AND VALUE OF **PROPERTY** 

LOCATION OF PROPERTY

#### 15. Prior address of debtor

None

If the debtor has moved within three years immediately preceding the commencement of this case, list all premises which the debtor occupied during that period and vacated prior to the commencement of this case. If a joint petition is filed, report also any separate address of either spouse.

**ADDRESS** NAME USED DATES OF OCCUPANCY

#### 16. Spouses and Former Spouses

None

If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within eight years immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state.

NAME

#### 17. Environmental Information.

For the purpose of this question, the following definitions apply:

"Environmental Law" means any federal, state, or local statute or regulation regulating pollution, contamination, releases of hazardous or toxic substances, wastes or material into the air, land, soil, surface water, groundwater, or other medium, including, but not limited to, statutes or regulations regulating the cleanup of these substances, wastes, or material.

"Site" means any location, facility, or property as defined under any Environmental Law, whether or not presently or formerly owned or operated by the debtor, including, but not limited to, disposal sites.

"Hazardous Material" means anything defined as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, or contaminant or similar term under an Environmental Law

None

a. List the name and address of every site for which the debtor has received notice in writing by a governmental unit that it may be liable or potentially liable under or in violation of an Environmental Law. Indicate the governmental unit, the date of the notice, and, if known, the Environmental Law:

NAME AND ADDRESS OF DATE OF **ENVIRONMENTAL** SITE NAME AND ADDRESS GOVERNMENTAL UNIT NOTICE LAW

b. List the name and address of every site for which the debtor provided notice to a governmental unit of a release of Hazardous

Material. Indicate the governmental unit to which the notice was sent and the date of the notice.

NAME AND ADDRESS OF DATE OF **ENVIRONMENTAL** SITE NAME AND ADDRESS **GOVERNMENTAL UNIT** NOTICE LAW

c. List all judicial or administrative proceedings, including settlements or orders, under any Environmental Law with respect to which None

the debtor is or was a party. Indicate the name and address of the governmental unit that is or was a party to the proceeding, and the docket number.

NAME AND ADDRESS OF GOVERNMENTAL UNIT

DOCKET NUMBER

STATUS OR DISPOSITION

5

#### 18. Nature, location and name of business

None

a. If the debtor is an individual, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was an officer, director, partner, or managing executive of a corporation, partner in a partnership, sole proprietor, or was self-employed in a trade, profession, or other activity either full- or part-time within six years immediately preceding the commencement of this case, or in which the debtor owned 5 percent or more of the voting or equity securities within six years immediately preceding the commencement of this case.

If the debtor is a partnership, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities, within six years immediately preceding the commencement of this case.

If the debtor is a corporation, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities within six years immediately preceding the commencement of this case.

> LAST FOUR DIGITS OF SOCIAL-SECURITY OR OTHER INDIVIDUAL TAXPAYER-I.D. NO. (ITIN)/ COMPLETE EIN ADDRESS

**BEGINNING AND** NATURE OF BUSINESS **ENDING DATES** 

None b. Identify any business listed in response to subdivision a., above, that is "single asset real estate" as defined in 11 U.S.C. § 101.

NAME **ADDRESS** 

NAME

# DECLARATION UNDER PENALTY OF PERJURY BY INDIVIDUAL DEBTOR

I declare under penalty of perjury that I have read the answers contained in the foregoing statement of financial affairs and any attachments thereto and that they are true and correct.

| Date | September 14, 2009 | Signature | /s/ Renee Lewis-Pearson |  |
|------|--------------------|-----------|-------------------------|--|
|      |                    |           | Renee Lewis-Pearson     |  |
|      |                    |           | Debtor                  |  |

Penalty for making a false statement: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571

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| <b>United States Bankruptcy Court</b> |  |
|---------------------------------------|--|
| <b>Northern District of Illinois</b>  |  |

| In r | re Renee Lewis-Pearson  |  | Case No.  |   |
|------|---|--|---|---|
|      |   | Debtor(s)  | Chapter   | 13  |
|      | DISCLOSURE OF COMPENSATI  | ION OF ATTORNE   | Y FOR DI  | EBTOR(S)  |
| 1.   | Pursuant to 11 U.S.C. § 329(a) and Bankruptcy Rule 2016(compensation paid to me within one year before the filing of the be rendered on behalf of the debtor(s) in contemplation of or in contemplation.  | petition in bankruptcy, or ag  | reed to be pai  | id to me, for services rendered or to   |
|      | For legal services, I have agreed to accept   |  | \$  | 3,500.00  |
|      | Prior to the filing of this statement I have received   |  | \$  | 126.00  |
|      | Balance Due   |  | \$  | 3,374.00  |
| 2.   | The source of the compensation paid to me was:  |  |   |   |
|      | ■ Debtor □ Other (specify):   |  |   |   |
| 3.   | The source of compensation to be paid to me is:   |  |   |   |
|      | ■ Debtor □ Other (specify):   |  |   |   |
| 4.   | ■ I have not agreed to share the above-disclosed compensation   | with any other person unless   | they are mem  | bers and associates of my law firm.   |
|      | ☐ I have agreed to share the above-disclosed compensation with copy of the agreement, together with a list of the names of the  |  |   |   |
| 5.   | In return for the above-disclosed fee, I have agreed to render legal  | al service for all aspects of the  | e bankruptcy o  | case, including:  |
|      | <ul> <li>a. Analysis of the debtor's financial situation, and rendering adv</li> <li>b. Preparation and filing of any petition, schedules, statement of</li> <li>c. Representation of the debtor at the meeting of creditors and of</li> <li>d. [Other provisions as needed]</li> <li>preparing documents for filing bankruptcy petition necessary, background check, possibly verificate review of income to determine CMI and DMI, readvising client regarding reaffirmation agreement to avoid liens in personal property</li> </ul> | affairs and plan which may be onfirmation hearing, and any tion and schedules; orde ation of assets, and possiviewing documents with | e required; adjourned hea ring tax trar ibly verifica client, atten | arings thereof; nscripts, credit reports when tion of valuations of assets, ading meeting of creditors, |
| 6.   | By agreement with the debtor(s), the above-disclosed fee does no representation in any adversary proceeding unlunless otherwise provided for in the Court's Mocases, the following professional legal services fees are paid: 1) the preparation of and presen presentation of motions to avoid judicial lien; 2 in personal property.  | less specifically contract<br>odel Retention Agreemen<br>s are not included unless<br>tation of motion for rede                      | ed for and a<br>t mandated<br>specifically<br>mption; 2) a          | to be used in Chapter 13<br>y contracted for and additional<br>and the preparation of and               |
|      | CERT  | TIFICATION   |   |   |
| this | I certify that the foregoing is a complete statement of any agreem bankruptcy proceeding.   | ent or arrangement for payme   | ent to me for re  | epresentation of the debtor(s) in   |
| Date | ed: September 14, 2009  | /s/ Lorraine M. Greenbe  | erg ARDC  | No.:  |
|      | <del></del>   | Lorraine M. Greenberg  | ARDC No.  |   |
|      |   | Lorraine M. Greenberg<br>20 E. Jackson Blvd.   |   |   |
|      |   | Suite 800  |   |   |
|      |   | Chicago, IL 60604  | 004 5005  |   |
|      |   | 312-408-0007 Fax: 312 Igreenberg@greenberg   |   |   |
|      |   | iarcempera @ dicemper  | jiamiiit  |   |

# UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF ILLINOIS

# RIGHTS AND RESPONSIBILITIES AGREEMENT BETWEEN CHAPTER 13 DEBTORS AND THEIR ATTORNEYS (Model Retention Agreement, revised as of May 7, 2009)

Chapter 13 gives debtors important rights, such as the right to keep property that could otherwise be lost through repossession or foreclosure—but Chapter 13 also puts burdens on debtors, such as the burden of making complete and truthful disclosures of their financial situation. It is important for debtors who file a Chapter 13 bankruptcy case to understand their rights and responsibilities in bankruptcy. In this connection, the advice of an attorney is often crucial. Debtors are entitled to certain services from by their attorneys, but debtors also have responsibilities to their attorneys. In order to assure that debtors and their attorneys understand their rights and responsibilities in the Chapter 13 process, the judges of the Bankruptcy Court for the Northern District of Illinois have approved the following agreement, setting out the rights and responsibilities of both debtors in Chapter 13 and their attorneys. By signing this agreement, debtors and their attorneys accept these responsibilities.

#### BEFORE THE CASE IS FILED

## THE DEBTOR AGREES TO:

- 1. Discuss with the attorney the debtor's objectives in filing the case.
- 2. Provide the attorney with full, accurate and timely information, financial and otherwise, including properly documented proof of income.

# THE ATTORNEY AGREES TO:

- 1. Personally counsel the debtor regarding the advisability of filing either a Chapter 13 or a Chapter 7 case, discuss both procedures (as well as non-bankruptcy options) with the debtor, and answer the debtor's questions.
- 2. Personally explain to the debtor that the attorney is being engaged to represent the debtor on all matters arising in the case, as required by Local Bankruptcy rule and explain how and when the attorney's fees and the trustee's fees are determined and paid.
- 3. Personally review with the debtor and sign the completed petition, plan, statements, and schedules, as well as all amendments thereto, whether filed with the petition or later. (The schedules may be initially prepared with the help of clerical or paralegal staff of the attorney's office, but personal attention of the attorney is required for the review and signing.)
- 4. Timely prepare and file the debtor's petition, plan, statements, and schedules.

- 5. Explain to the debtor how, when, and where to make all necessary payments, including both payments that must be made directly to creditors and payments that must be made to the Chapter 13 trustee, with particular attention to housing and vehicle payments.
- 6. Advise the debtor of the need to maintain appropriate insurance.

## AFTER THE CASE IS FILED

#### THE DEBTOR AGREES TO:

- 1. Make the required payments to the trustee and to whatever creditors are being paid directly, or, if required payments cannot be made, to notify the attorney immediately.
- 2. Appear punctually at the meeting of creditors (also called the "341 meeting") with recent proof of income and a picture identification card. (If the identification card does not include the debtor's social security number, the debtor will also bring to the meeting a social security card.) The debtor must be present in time for check-in and when the case is called for the actual examination.
- 3. Notify the attorney of any change in the debtor's address or telephone number.
- 4. Inform the attorney of any wage garnishments or liens or levies on assets that occur or continue after the filing of the case.
- 5. Contact the attorney immediately if the debtor loses employment, has a significant change in income, or experiences any other significant change in financial situation (such as serious illness, marriage, divorce or separation, lottery winnings, or an inheritance).
- 6. Notify the attorney if the debtor is sued or wishes to file a lawsuit (including divorce).
- 7. Inform the attorney if any tax refunds to which the debtor is entitled are seized or not received when due from the IRS or Illinois Department of Revenue.
- 8. Contact the attorney before buying, refinancing, or selling real property, and before entering into any loan agreement.
- 9. Supply the attorney with copies of all tax returns filed while the case is pending.

# THE ATTORNEY AGREES TO:

- 1. Advise the debtor of the requirement to attend the meeting of creditors, and notify the debtor of the date, time, and place of the meeting.
- 2. Inform the debtor that the debtor must be punctual and, in the case of a joint filing, that both spouses must appear at the same meeting.
- 3. Provide knowledgeable legal representation for the debtor at the meeting of creditors (in time for check-in and the actual examination) and, unless excused by the trustee, for the confirmation hearing.

- 4. If the attorney will be employing another attorney to attend the 341meeting or any court hearing, personally explain to the debtor in advance, the role and identity of the other attorney and provide the other attorney with the file in sufficient time to review it and properly represent the debtor.
- 5. Timely submit to the Chapter 13 trustee properly documented proof of income for the debtor, including business reports for self-employed debtors.
- 6. Timely respond to objections to plan confirmation and, where necessary, prepare, file, and serve an amended plan.
- 7. Timely prepare, file, and serve any necessary statements, amended statements and schedules and any change of address, in accordance with information provided by the debtor.
- 8. Monitor all incoming case information (including, but not limited to, Order Confirming Plan, Notice of Intent to Pay Claims, and 6-month status reports) for accuracy and completeness. Contact the trustee promptly regarding any discrepancies.
- 9. Be available to respond to the debtor's questions throughout the term of the plan.
- 10. Prepare, file, and serve timely modifications to the plan after confirmation, when necessary, including modifications to suspend, lower, or increase plan payments.
- 11. Prepare, file, and serve necessary motions to buy or sell property and to incur debt.
- 12. Object to improper or invalid claims.
- 13. Timely respond to the Chapter 13 trustee's motions to dismiss the case, such as for payment default, or unfeasibility, and to motions to increase the percentage payment to unsecured creditors.
- 14. Timely respond to motions for relief from stay.
- 15. Prepare, file, and serve all appropriate motions to avoid liens.
- 16. Provide any other legal services necessary for the administration of the case.
- 17. In the event that the case is converted to Chapter 7, provide any other legal services which may be necessary consistent with the attorney's responsibilities under Local Bankruptcy Rule 2090-5, with such additional fees as may be appropriate.

#### ALLOWANCE AND PAYMENT OF ATTORNEYS' FEES

1. Any attorney retained to represent a debtor in a Chapter 13 case is responsible for representing the debtor on all matters arising in the case unless otherwise ordered by the court. For all of the services outlined above, the attorney will be paid a fee of

| \$<br>3. | ,50 | 00 | .0 | 0 |  |
|----------|-----|----|----|---|--|
|          |     |    |    |   |  |

In extraordinary circumstances, such as extended evidentiary hearings or appeals, the attorney may apply to the court for additional compensation for these services. Any such application must be accompanied by an itemization of the services rendered, showing the date, the time expended, and the identity of the attorney performing the services. The debtor must be served with a copy of the application and notified of the right to appear in court to object.

- 2. Early termination of the case. Fees payable under the provisions set out above are not refundable in the event that the case is dismissed, unless the dismissal is due to a failure by the attorney to comply with the duties set out in this agreement. If a dismissal is due to such a failure by the attorney, the court may order a refund of fees on motion by the debtor.
- 3. *Retainers*. The attorney may receive a retainer or other payment before filing the case, but may not receive fees directly from the debtor after the filing of the case. Unless the following provision is checked and completed, any retainer by the attorney will be treated as a security retainer, to be placed in the attorney's client trust account until approval of a fee application by the court.

☐ Any retainer received by the attorney will be treated as an advance payment, allowing the attorney to take the retainer into income immediately. The reason for this treatment is the following:

In any application for fees, whether or not requiring an itemization, the attorney shall disclose to the court any fees paid by the debtor prior to the case filing.

- 4. *Improper conduct by the attorney*. If the debtor disputes the sufficiency or quality of the legal services provided or the amount of the fees charged by the attorney, the debtor may file an objection with the court and request a hearing.
- 5. *Improper conduct by the debtor*. If the attorney believes that the debtor is not complying with the debtor's responsibilities under this agreement or is otherwise not engaging in proper conduct, the attorney may apply for a court order allowing the attorney to withdraw from the case.
- 6. Discharge of the attorney. The debtor may discharge the attorney at any time.

| Date: <u>September 14, 2009</u>         |   |
|---|---|
| Signed:                                 |   |
| /s/ Renee Lewis-Pearson                 | /s/ Lorraine M. Greenberg ARDC No.:     |
| Renee Lewis-Pearson                     | Lorraine M. Greenberg ARDC No.: 3129023 |
|   | Attorney for Debtor(s)                  |
| Debtor(s)                               |   |
| Do not sign if the fee amount at top of | this page is blank.                     |

# UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF ILLINOIS

# NOTICE TO CONSUMER DEBTOR(S) UNDER § 342(b) OF THE BANKRUPTCY CODE

In accordance with § 342(b) of the Bankruptcy Code, this notice to individuals with primarily consumer debts: (1) Describes briefly the services available from credit counseling services; (2) Describes briefly the purposes, benefits and costs of the four types of bankruptcy proceedings you may commence; and (3) Informs you about bankruptcy crimes and notifies you that the Attorney General may examine all information you supply in connection with a bankruptcy case.

You are cautioned that bankruptcy law is complicated and not easily described. Thus, you may wish to seek the advice of an attorney to learn of your rights and responsibilities should you decide to file a petition. Court employees cannot give you legal advice.

Notices from the bankruptcy court are sent to the mailing address you list on your bankruptcy petition. In order to ensure that you receive information about events concerning your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address. If you are filing a **joint case** (a single bankruptcy case for two individuals married to each other), and each spouse lists the same mailing address on the bankruptcy petition, you and your spouse will generally receive a single copy of each notice mailed from the bankruptcy court in a jointly-addressed envelope, unless you file a statement with the court requesting that each spouse receive a separate copy of all notices.

#### 1. Services Available from Credit Counseling Agencies

With limited exceptions, § 109(h) of the Bankruptcy Code requires that all individual debtors who file for bankruptcy relief on or after October 17, 2005, receive a briefing that outlines the available opportunities for credit counseling and provides assistance in performing a budget analysis. The briefing must be given within 180 days before the bankruptcy filing. The briefing may be provided individually or in a group (including briefings conducted by telephone or on the Internet) and must be provided by a nonprofit budget and credit counseling agency approved by the United States trustee or bankruptcy administrator. The clerk of the bankruptcy court has a list that you may consult of the approved budget and credit counseling agencies. Each debtor in a joint case must complete the briefing.

In addition, after filing a bankruptcy case, an individual debtor generally must complete a financial management instructional course before he or she can receive a discharge. The clerk also has a list of approved financial management instructional courses. Each debtor in a joint case must complete the course.

# 2. The Four Chapters of the Bankruptcy Code Available to Individual Consumer Debtors

#### Chapter 7: Liquidation (\$245 filing fee, \$39 administrative fee, \$15 trustee surcharge: Total Fee \$299)

- 1. Chapter 7 is designed for debtors in financial difficulty who do not have the ability to pay their existing debts. Debtors whose debts are primarily consumer debts are subject to a "means test" designed to determine whether the case should be permitted to proceed under chapter 7. If your income is greater than the median income for your state of residence and family size, in some cases, creditors have the right to file a motion requesting that the court dismiss your case under § 707(b) of the Code. It is up to the court to decide whether the case should be dismissed.
- 2. Under chapter 7, you may claim certain of your property as exempt under governing law. A trustee may have the right to take possession of and sell the remaining property that is not exempt and use the sale proceeds to pay your creditors.
- 3. The purpose of filing a chapter 7 case is to obtain a discharge of your existing debts. If, however, you are found to have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge and, if it does, the purpose for which you filed the bankruptcy petition will be defeated.
- 4. Even if you receive a general discharge, some particular debts are not discharged under the law. Therefore, you may still be responsible for most taxes and student loans; debts incurred to pay nondischargeable taxes; domestic support and property settlement obligations; most fines, penalties, forfeitures, and criminal restitution obligations; certain debts which are not properly listed in your bankruptcy papers; and debts for death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs. Also, if a creditor can prove that a debt arose from fraud, breach of fiduciary duty, or theft, or from a willful and malicious injury, the bankruptcy court may determine that the debt is not discharged.

# <u>Chapter 13</u>: Repayment of All or Part of the Debts of an Individual with Regular Income (\$235 filing fee, \$39 administrative fee: Total fee \$274)

1. Chapter 13 is designed for individuals with regular income who would like to pay all or part of their debts in installments

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over a period of time. You are only eligible for chapter 13 if your debts do not exceed certain dollar amounts set forth in the Bankruptcy Code.

- 2. Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, using your future earnings. The period allowed by the court to repay your debts may be three years or five years, depending upon your income and other factors. The court must approve your plan before it can take effect.
- 3. After completing the payments under your plan, your debts are generally discharged except for domestic support obligations; most student loans; certain taxes; most criminal fines and restitution obligations; certain debts which are not properly listed in your bankruptcy papers; certain debts for acts that caused death or personal injury; and certain long term secured obligations.

# **Chapter 11:** Reorganization (\$1000 filing fee, \$39 administrative fee: Total fee \$1039)

Chapter 11 is designed for the reorganization of a business but is also available to consumer debtors. Its provisions are quite complicated, and any decision by an individual to file a chapter 11 petition should be reviewed with an attorney.

### Chapter 12: Family Farmer or Fisherman (\$200 filing fee, \$39 administrative fee: Total fee \$239)

Chapter 12 is designed to permit family farmers and fishermen to repay their debts over a period of time from future earnings and is similar to chapter 13. The eligibility requirements are restrictive, limiting its use to those whose income arises primarily from a family-owned farm or commercial fishing operation.

# 3. Bankruptcy Crimes and Availability of Bankruptcy Papers to Law Enforcement Officials

A person who knowingly and fraudulently conceals assets or makes a false oath or statement under penalty of perjury, either orally or in writing, in connection with a bankruptcy case is subject to a fine, imprisonment, or both. All information supplied by a debtor in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the United States Trustee, the Office of the United States Attorney, and other components and employees of the Department of Justice.

**WARNING:** Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information regarding your creditors, assets, liabilities, income, expenses and general financial condition. Your bankruptcy case may be dismissed if this information is not filed with the court within the time deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

## **Certificate of Attorney**

I hereby certify that I delivered to the debtor this notice required by § 342(b) of the Bankruptcy Code.

| Lorraine M. Greenberg ARDC No.: 3129023                                 | X | /s/ Lorraine M. Greenberg ARDC No.: | September 14,<br>2009 |
|---|---|-------------------------------------|-----------------------|
| Printed Name of Attorney  |   | Signature of Attorney               | Date                  |
| Address:  |   |                                     |                       |
| 20 E. Jackson Blvd.   |   |                                     |                       |
| Suite 800   |   |                                     |                       |
| Chicago, IL 60604   |   |                                     |                       |
| 312-408-0007  |   |                                     |                       |
| lgreenberg@greenberglaw.net   |   |                                     |                       |
| Certificate I (We), the debtor(s), affirm that I (we) have received and |   |                                     |                       |
| Renee Lewis-Pearson   | X | /s/ Renee Lewis-Pearson             | September 14,<br>2009 |
| Printed Name(s) of Debtor(s)  |   | Signature of Debtor                 | Date                  |
| Case No. (if known)   | X |                                     |                       |
|   |   | Signature of Joint Debtor (if any)  | Date                  |

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# **United States Bankruptcy Court Northern District of Illinois**

|       |  | Northern District of Illinois             |                               |                |
|-------|--|---|-------------------------------|----------------|
| In re | Renee Lewis-Pearson                        |   | Case No.                      |                |
|       |  | Debtor(s)                                 | Chapter 13                    |                |
|       | VI   | ERIFICATION OF CREDITOR M                 | IATRIX                        |                |
|       |  | Number of                                 | Number of Creditors:          |                |
|       | The above-named Debtor(s) (our) knowledge. | ) hereby verifies that the list of credit | tors is true and correct to t | the best of my |
|       |  |   |                               |                |

A/R Concepts, Inc. PO Box 1259
Oaks, PA 19456

A/R Concepts, Inc. 33 W Higgins Road Suite 715 Barrington, IL 60010-9103

AAA Checkmate c/o Gary Smiley 4741 N. Western Avenue Chicago, IL 60625

Allied Credit/Alliance One Attn: Bankruptcy Po Box 2449 Gig Harbor, WA 98335

Allied Credit/Alliance One 6565 Kimball Dr Gig Harbor, WA 98335

American Collections 919 Estes Ct Schaumburg, IL 60193

American MRI Inc. PO Box 7389 Prospect Heights, IL 60070-7389

Brother Loan and Finance Corporatio 7621 W. 63rd Street Summit Argo, IL 60501

Chase 201 N. Central Ave Floor 11 Phoenix, AZ 85004

Chase 201 N Walnut St # De1-10 Wilmington, DE 19801 Chase Auto Finance National Bankruptcy Dept. 201 N Central Ave AZ1-1191 Phoenix, AZ 85004

Chase Auto Finance PO Box 71 Phoenix, AZ 85001-0071

Chase Auto Finance PO Box 901065 Fort Worth, TX 76101-2065

City of Chicago - Parking 121 N. LaSalle Street Room 107 Chicago, IL 60602

City of Elgin 150 Dexter Court Attn: Legal Dept./Parking Elgin, IL 60120

City of Elgin 150 Dexter Court Attn: Legal Dept. Elgin, IL 60120

Collections Dept 4540 Cooper Road Suite 200 Cincinnati, OH 45242

Dependon Collection Se Attn: Bankruptcy Po Box 4833 Oak Brook, IL 60523

Dependon Collection Se Po Box 4833 Oak Brook, IL 60522

Elmhurst Clinic 75 Remittance Drive, Ste. 1253 Chicago, IL 60675-1253 Elmhurst Memorial Hospital PO Box 92348 Attn: Patient Accts/Bankruptcy Chicago, IL 60675-2348

First Premier Bank 900 Delaware Suite 7 Sioux Falls, SD 57104

First Premier Bank Po Box 5524 Sioux Falls, SD 57117-5524

First Premier Bank PO Box 5519 Sioux Falls, SD 57117-5519

Gerald Sapp DDS 957 S Mannheim Road Westchester, IL 60154

Gottlieb Memorial Hospital 701 W. North Avenue Attention: Patient Accounts Melrose Park, IL 60160

Great Lakes Specialty Finance, Inc. dba Check N Go 541 East Roosevelt Road Lombard, IL 60148

Illinois Department of Revenue Bankruptcy Unit 100 W. Randolph St. Level 7-400 Chicago, IL 60601

Illinois State Toll Highway Authori 2700 Ogden Avenue Attn: Bankruptcy Dept. Downers Grove, IL 60515-1703

Illinois State Toll Highway Authori 2700 Ogden Avenue Downers Grove, IL 60515-1703

Illinois Tollway c/o GC Services PO Box 79 Elgin, IL 60121

Illinois Tollway Authority 2700 Ogden Avenue Attn: Violation Administration Ctr Downers Grove, IL 60515

Illinois Tollway Authority PO Box 5201 Lisle, IL 60532-5201

Ingalls Memorial Hospital One Ingalls Drive Attn: Patient Accounts Harvey, IL 60426

Karim S Yunez, MD SC 2038 Momentum Place Chicago, IL 60689-5320

Med Busi Bur 1460 Renaissance Dr Park Ridge, IL 60068

Medical Business Bureau, Inc. 1175 Devin Drive, Suite 173 Norton Shores, MI 49441

Medical Recovery Specialists, Inc. 2250 E Devon, Suite 352 Des Plaines, IL 60018-4519

Midwest Open MRI c/o ACC International 919 Estes Court Schaumburg, IL 60193

Municpal Collection Services, Inc. P.O. Box 1022 Wixom, MI 48393-1022

Nco Fin /99 Po Box 15636 Wilmington, DE 19850

NCO Financial 507 Prudential Road Horsham, PA 19044

Northwest Collectors 3601 Algonquin Rd Ste 23 Rolling Meadows, IL 60008

Palisad Coll 210 Sylvan Ave Englewood, NJ 07632

Palisades Coll Attention: Banktruptcy Department Po Box 100018 Kennesaw, GA 30156

PLS Loan Stores c/o Robert M Wolfberg, Esq. 300 N Elizabeth Street Chicago, IL 60607

Powers & Moon, LLC Attorneys at Law 707 Lake Cook Road, suite 102 Deerfield, IL 60015

Receivables Management Inc. (RMI) Attn: Bankruptcy 3348 Ridge Rd Lansing, IL 60438

Receivables Management Inc. (RMI)/3348 Ridge Rd Lansing, IL 60438

Receivables Management Inc. (RMI) / Mortg Attn: Bankruptcy 3348 Ridge Rd Lansing, IL 60438 Receivables Management Inc. (RMI) / Mortg 3348 Ridge Rd Lansing, IL 60438

Sherman Hospital PO Box 46549 Lincolnwood, IL 60646-0549

Sherman Hospital/Sherman Health 934 Center Street Elgin, IL 60120-2198

Sir Finance Corporation 6140 N. Lincoln Avenue Chicago, IL 60659

Sprint PCS c/o West Asset Management PO Box 105478 Atlanta, GA 30348-5478

St James Hospital & Health Centers Attn: Patient Accounts 1423 Chicago Road Chicago Heights, IL 60411

St. James Hospital & Health Centers 2020 Lindell Avenue Nashville, TN 37203-5509

The Bureaus 1717 Central Evanston, IL 60204

The Payday Loan Store of Illinois, 7300 N Barrington Road Hanover Park, IL 60133

Village of Bellwood 3200 Washington Boulevard Attn: Parking Violations Bellwood, IL 60104 Village of Bellwood, Illinois Photo Enforcement Program Dept 921 Carol Stream, IL 60132-0921

Village of Westchester Photo Enforcement Program 395 W. Lake Street Elmhurst, IL 60126

West Asset Management 2703 N Highway 75 Sherman, TX 75090

Yunez Dental & Associates PC 237 E Butterfield Road Elmhurst, IL 60126